



Application for Scholarship Benefit
Based on Financial Need
Application must be returned by May 1

Instructions:

- 1. All information on the scholarship application must be completed and signed by the applicant.
2. Please type or print clearly.
3. If answer is "non applicable" please use N/A.
4. Attach the following to the completed application:
a) Proof of acceptance by and enrollment at an accredited college or university or vocational/technical school.
b) A 500-word essay of why you should be awarded this scholarship, stating your reasons for attending school, and what your long-term goals are.
c) State any unusual circumstances that you feel should be considered in the determination of your need for this scholarship (i.e., medical, other family members with education expenses, etc.)

All information will be kept confidential

APPLICATION:

Name: Last First Middle

Permanent Address:

Home Phone Number: Cell Number:

Email:

Marital Status: Date of Birth:

Extracurricular Activities, Sports, Church and Community Involvement:

Name and Address of the college and/or vocational technical school you will be attending:

Will you be attending full-time or part-time?

Course of Study:

Degree Sought: Expected date of Completion:

Estimated Tuition/Fees: \$ When Must Payment be Made:

Estimated College Housing Cost: \$

Date Semester/Course Begins: Date Semester/Course Ends:

In order to evaluate your scholarship need more carefully, **THIS SECTION MUST BE COMPLETED**

Are you currently employed: _____ If yes, _____
Name of Employer

Position Currently Holding _____ Wages/Salary _____ Address _____

From this employment, what is your anticipated take home income over the next 12 months? \$ _____

How much of your income will go toward your education? \$ _____

What percentage of your income goes toward payment of?

_____% Rent/Housing _____% Utilities _____% Loans (car, etc.) _____% Other (please identify)

Will you be receiving assistance from any of the following?

Spouse Parents Scholarship

If you answered yes to any of these, please complete the appropriate section below:

Married Students (or single with dependents)

No. of Dependents: _____ Ages: _____ Spouse's Name: _____

Name/Address of Spouse's Employer: _____

Wages/Salary \$ _____ How much of your spouse's income will toward your education? _____

Parental Information (must be completed if living with parents)

Parents' Names: _____

Address: _____

Name/Address Father's Employer: _____

Name/Address Mother's Employer: _____

Father's Wages/Salary \$ _____ Mother's Wages/Salary \$ _____

Number of person(s) living in household: _____

How much of your parents' income will go toward your education?

Scholarship Information

Identify any scholarships and/or grants you will be receiving toward your education:

\$ _____ \$ _____

Signature: _____ Date: _____