

**SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIOR**

**Date:** \_\_\_\_\_. (Application must be received by state chairman no later than Feb. 1, 2010)

**Name in full:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Years resided in state:** \_\_\_\_\_ **Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Parent or Guardian employment:** \_\_\_\_\_

**Date of High School graduation:** \_\_\_\_\_ **Scholastic average:** \_\_\_\_\_

**Extra-curricular activities** \_\_\_\_\_

\_\_\_\_\_

**College/University of Enrollment:** \_\_\_\_\_

**Address of Financial Aid Office:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Intended Major:** \_\_\_\_\_ **Intended Minor:** \_\_\_\_\_

**How do you plan to finance your college education? Work** \_\_\_ **Loans** \_\_\_ **Family Support** \_\_\_

**Other** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

STATEMENT OF FINANCIAL NEED

Please use this form to show all anticipated sources of funds and costs related to attending college this coming school year. Include scholarships. Ask Student Financial Aid Officer at the college of enrollment to complete the "Expenditures" section of this form. This information is held in strict confidence by the Scholarship Committee.

RESOURCES

EXPENDITURES

\*If more than \$500, explain below:

Relatives, friends \_\_\_\_\_

Tuition & Fees \_\_\_\_\_

Savings \_\_\_\_\_

Housing \_\_\_\_\_

Summer earnings \_\_\_\_\_

Books, Supplies \_\_\_\_\_

School year earnings \_\_\_\_\_

Board (food) \_\_\_\_\_

\*Loans \_\_\_\_\_

Transportation \_\_\_\_\_

\*Other Sources \_\_\_\_\_

Clothing & laundry \_\_\_\_\_

\*Miscellaneous \_\_\_\_\_

TOTAL: \_\_\_\_\_

TOTAL: \_\_\_\_\_

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I, \_\_\_\_\_ authorize the Financial Aid Officer to release the estimate of the above expenditures.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_