

# SCHOLARSHIP APPLICATION

## 2019 – 2020 Award Year

### Preference given to applications received prior to April 15

Complete this application in full. Although some questions seem as though they do not apply to you or are outdated, they may be used to determine eligibility for specific scholarship funds.

FA OFFICE USE ONLY
SCHOLARSHIP _____
AMOUNT _____
DATE AWARDED _____
COPY TO FDN OFFICE _____

Name \_\_\_\_\_  
   Last  First  Middle

Student ID \_\_\_\_\_ Last 4 digits of Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
   Number  Street

\_\_\_\_\_  
   City  State  Zip

Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_ Township: \_\_\_\_\_

Future Degree/Career Plans \_\_\_\_\_

High School Attended \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

**Please attach your High School Transcript if you graduated from high school June 2019!**

Have you completed the 2019-2020 Free Application for Federal Student Aid (FAFSA)?  YES  NO If not, when? \_\_\_\_\_

Some scholarships are need-based as well as merit-based. By submitting a Free Application for Federal Student Aid (FAFSA), you ensure your consideration for ALL scholarship funds.

Please check/complete all that apply  
 about You:

- Full-time Student (12+ credit hours per semester)
- Part-time Student (11 or less credit hours per semester)
- Male
- Female
- # of Dependents You Support \_\_\_\_\_

Area of Study

- |   |  |
|---|--|
| <input type="checkbox"/> Allied Health      | <input type="checkbox"/> Environmental     |
| <input type="checkbox"/> Business           | <input type="checkbox"/> Math or Science   |
| <input type="checkbox"/> Drafting/CAD       | <input type="checkbox"/> Nursing           |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Engineering        | <input type="checkbox"/> Technology        |
| <input type="checkbox"/> English/Journalism | <input type="checkbox"/> Other: _____      |

Briefly explain your career goals and why you deserve consideration as a candidate for a scholarship.

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By signing below:

You certify that the answers provided are complete and accurate to the best of your knowledge. You understand that the contents of this application and any relevant financial aid documents may be shared with the Scholarship Committee which makes final selections of scholarship awards. If selected for a scholarship, you authorize release of your name, address, high school attended and college program to the media to publicize the award received.

**You also agree to write a thank-you to the scholarship donor as a condition of receiving the award.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date