



The 2014 Edgewood District Veterans' Scholarship Program

APPLICANT GENERAL INFORMATION *Please print or type*

NAME _____
First MI Last

PERMANENT MAILING ADDRESS _____
No. Street or RFP Apt. #

DATE OF BIRTH _____
City State Zip

E-MAIL ADDRESS _____

HOME PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

ETHNICITY / NATIONALITY (OPTIONAL) _____

MALE FEMALE

Are you a legal resident? Yes No

How did you hear about the Edgewood District Veteran's Scholarship Program? Guidance Counselor Web site
 Scholarship directory Other

Please check the box if you are first generation student to attend a college or university.

COUNTRY _____ United States of America _____

COUNTY _____

<< *Please provide the name of the county in which your current city of residence is located.*

STATE _____

FAMILY INFORMATION

APPLICANT'S PLACE OF BIRTH _____
City State Country

PARENT / GUARDIAN _____
First Last Relationship

PARENT / GUARDIAN _____
First Last Relationship

ALTERNATE PHONE NUMBER / CONTACT NAME _____

PARENT / GUARDIAN FINANCIAL DATA *(Required)*

1. Total number of family members living in the household _____.
2. Total number of family members attending college at least half-time during the next school year, including applicant _____.
3. Marital status of parent or guardian:
 Married Divorced Separated Widowed Single

1. Total household gross income earned yearly (\$) _____
2. Total household **unearned** gross income (\$) received yearly from the following:
 - a. Interest _____
 - b. Dividends _____
 - c. Child Support _____
 - d. Social Security _____
 - e. TANF _____
 - f. V.A. Benefit _____
 - g. Teachers Retirement _____
 - h. Federal/ State Retirement _____
 - i. Police/Firemen Retirement _____
 - j. Other Unearned Income _____

APPLICANT ACADEMIC STATUS and HIGH SCHOOL INFORMATION

APPLICANT: To the best of your knowledge, please record your information in the boxes below

High school grade
point average

Class
Rank

Number in
Class

ACT
Composite

SAT
Composite

HIGH SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL COUNSELOR'S NAME & E-MAIL ADDRESS _____

HIGH SCHOOL COUNSELOR'S OFFICE TELEPHONE NUMBER & EXT. _____

INTENDED MAJOR _____

NAME OF COLLEGES OR UNIVERSITIES YOU HAVE APPLIED TO ATTEND:

State

Name

State

Name

COMMUNITY INVOLVEMENT

SCHOOL / EXTRACURRICULAR ACTIVITIES: List up to three activities in which you have had the most involvement in the last four years (school clubs, student government, publications, varsity or club sports, theatre arts, Scouting, 4-H, etc.)

Do not use acronyms.

<i>Activity Description</i>	<i>Years Involved</i>	<i>Highest Position Held</i>

COMMUNITY / VOLUNTEER SERVICE: List up to three agencies or organizations in which you have participated *WITHOUT PAY* during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.) Enter *TOTAL* hours per activity, over the last three years. **Do not use acronyms.**

<i>Service Description</i>	<i>Total Hours</i>

WORK EXPERIENCE: List the last three jobs you have held the longest (food server, babysitting, lawn mowing, office work, etc.) **Do not use acronyms.**

<i>Employer Name</i>	<i>Position</i>	<i>From Date</i> <i>MM/YYYY</i>	<i>To Date</i> <i>MM/YYYY</i>	<i>Hours</i> <i>Average Per Week</i>

OTHER SCHOLARSHIPS

LIST OTHER SCHOLARSHIPS PROGRAMS FOR WHICH YOU HAVE APPLIED

CERTIFICATION and AUTHORIZATION

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I understand that the provision of false or misleading information may lead to rescinding of an award. I certify that I am currently enrolled and in good standing as a senior or junior potential graduate in high school, enrolled in or applying for full-time enrollment in a two or four-year college or university or vocational/technical school for the 2014-2015 academic year and am eligible to receive scholarships granted under the program. I hereby authorize the Edgewood District Veteran's Scholarship Program to use any information contained in this application for the purpose of promoting the organization.

Applicant signature (required) _____ Date _____

PLEASE ATTACH your personal statement on a separate document.

Students must discuss in 250 words or less why they should ,be selected to receive the scholarship, including their chosen field, the college they plan to attend, the degree they wish to pursue, and their future educational and professional goals. Student must demonstrate in this essay the reasons for the financial need and their commitment towards a college education.

Student must CONFIRM that the application is complete, transcripts and letters of recommendation are attached, OR YOUR APPLICATION WILL NOT BE REVIEWED.