



## SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

List any awards, honors or recognition received:

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Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

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FINANCIAL DATA  
**(Please attach current FAFSA Form)**

Total Number of Family Members in Household (including yourself): \_\_\_\_\_

Number of Family Members in College this year (including yourself): \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Anticipated College Expenses (per year):

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

Room & Board \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Other (please list)  
\_\_\_\_\_ \$ \_\_\_\_\_

Total College Expenses: \$ \_\_\_\_\_

Estimated Family Contribution(per year):

Parents' Contribution:  
(from income and assets) \$ \_\_\_\_\_

Student Contribution  
(from job and/or savings) \$ \_\_\_\_\_

Other (e.g. relatives; please specify)  
\_\_\_\_\_ \$ \_\_\_\_\_

Total Family Contribution: \$ \_\_\_\_\_

Have you applied for other forms of financial aid at this time?  Yes  No

Have you received other forms of financial aid at this time?  Yes  No

If yes, please indicate the type, amount received and source

Scholarships \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Workstudy \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Source(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please forward a copy of any current or future financial aid received from any source)

Do you plan to work during the school year?  Yes  No

If there are special financial circumstances that will affect your education, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

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(Signature of Applicant)

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(Signature of Parent/Guardian)

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(Date)

**Return by April 1st to:**  
Franklin County Community Foundation  
ATTN: Scholarships  
P.O. Box 17  
Ottawa, Kansas 66067-0017