Franklin County Community Foundation Scholarship Application PERSONAL DATA

Name:			
(Last)	(Middle)	(1	First)
Address:			
(Street)	(City)	(State) (Z	Zip)
Phone:	Cell phone:	Date of Birth:	
Email Address:		□Male	Female
Parents'/Guardians' Names:			
Parents'/Guardians' Address	(if different from yours):		
Parents' Marital Status:	Single ☐Married ☐Di	vorced	
☐ Vern Chesbro Memorial Sc ☐ Steve Grogan Scholarship F	Fund ACADEMIC DA	helly Ward Scholarship Fund	
Name of High School:		Year of Gradu	iation:
Cumulative Grade Point Av	erage: (Please attach transcript)	Class Rank: # out of	
Name of College/University	you will attend:		
Why do you want to attend	this school?		
What is your intended field	of study?		
What do you hope to do wit	h your education?		

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.

Activity	No. of Years	Positions or Offices Held
List any awards, honors or	recognition received:	
Which of the above experi has been most important to	ences (participation in a particulary you?	ar activity, leadership position or honor received)
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FINANCIAL DATA (Please attach current FAFSA Form)

Total Number of Far	mily Members in Household	d (including yourself):	
Number of Family N	Members in College this year	ar (including yourself):	
Father's Employer:		Job Title:	
Mother's Employer:		Job Title:	
Anticipated College	Expenses (per year):	Estimated Family Contribution(per year):	
Tuition & Fees	\$	Parents' Contribution:	
Room & Board	\$	(from income and assets) \$	
Books & Supplies	\$	Student Contribution (from job and/or savings) \$	
Other (please list)		Other (e.g. relatives; please specify)	
	\$	\$	
Total College Expenses	s: \$	Total Family Contribution: \$	
Have you received other forms of financial aid If yes, please indicate the type, amount received and seed the seed to be			
Workstudy \$			
· 	ase forward a copy of any curre	ent or future financial aid received from any source)	
Do you plan to work	during the school year?	□Yes □No	
If there are special f	inancial circumstances that	will affect your education, please describe:	

any false information automatically disqualifies me	
(Signature of Applicant)	(Signature of Parent/Guardian)
(Date)	

Return by April 1st to:

Franklin County Community Foundation ATTN: Scholarships P.O. Box 17 Ottawa, Kansas 66067-0017