

## **APPLICATION FORM FOR SELECTED SCHOLARSHIPS 2017-2018 Academic Year**

These scholarships are available to high school students and home-schooled students. This scholarship application form must be submitted to the AFE USA program administrator at [info@afeusa.com](mailto:info@afeusa.com). See General Instructions below for additional information about completing this application. **You can find specific information about each scholarship at [www.afeusa.org](http://www.afeusa.org).**

### **General Instructions to Applicant**

1. Make a copy of the blank application form and complete a draft copy first.
2. Return a typed or neatly printed application to the program administrator by the deadline due date. This application is the first impression you will make upon those who award scholarships.
3. **Check with the scholarship provider concerning additional requirements.** Certain scholarships require additional information such as the FAFSA application, written essays, or specific financial documents.

#### **1. Personal Information**

Full Name of Applicant: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Home Address: \_\_\_\_\_

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

Number of Years Lived In Your County: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### **2. Family Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Name and ages of siblings/other dependents. Indicate what school(s) they attend.**

Name

Relationship

Age

School or College/Years Attended

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**3. Education**

a. Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.

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b. How many years do you plan to attend college, and what course of study would you like to pursue?

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c. What future business or educational career will you likely pursue after finishing college?

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d. What college(s) would you most like to attend? Please explain your reason.

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e. What colleges have you applied to for admission? Please indicate acceptance status.

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f. List scholarships, grants or loans for which you have applied, and check the ones you plan to use.

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g. Indicate funding amount you will receive.

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**4. Academic, athletic, service, and extra activities. Use additional pages or attach resume for sections 4a, 4b, and 4c.**

a. List academic awards, achievements and dates.

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b. List participation in athletic activities.

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c. List participation in community service and extra-curricular activities.

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**5. Employment History**

List jobs you have held in the last three years.

Employer	Date	Hours Per Week	Position	Salary
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## 6. Your Expected Cost of College:

Please provide the following information for each school that you apply.

	College	College	College	College
Tuition				
Room/Board				
Books/Supplies				
Clothing/Personal				
Entertainment				
Transportation				
Scholarship Money Available				
<b>Total Annual Cost</b>				

## 7. Financial Need Summary

a. Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and your parent's most recent Federal Income Tax statement to the back of this application form.

Name of person

Income and year

Total annual income

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b. Have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (expected family contribution).

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c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.

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## 8. Transcript History

This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.

Ranking in senior class: \_\_\_\_\_ of \_\_\_\_\_

GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale

Best Combined SAT Score: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Best ACT Score: Date \_\_\_\_\_ Score \_\_\_\_\_

**Signature of principal or guidance counselor:** \_\_\_\_\_

I do state the above information is accurate to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

*NOTE: This scholarship application form must be submitted to each selected scholarship provider or to your school's Guidance Office, if the school has agreed to receive applications for the scholarship provider.*