

## SCHOLARSHIP FUND APPLICATION

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Directions for completing this Application Form:

1. Please complete every part of every section of the Application Form
2. If you need to leave some part blank, please provide an explanation.
3. You can omit the Financial Information section if you attach either FAFSA (Free Application for Federal Student Aid) or SAR (Student Aid Report). Otherwise, please fill out the Financial Information section fully.
4. Attach your high school transcript, or ask your Guidance Counselor to do so.
5. Remember to check the application Form for completeness and accuracy.

Thank You.

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### SECTION I—CONTACT INFORMATION

Applicant's Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Person to call if we cannot reach you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### SECTION II—FAMILY INFORMATION

Parent (Check if living)     Father     Mother     Stepfather     Stepmother

Name of Father, Stepfather, Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If deceased, please give the date \_\_\_\_\_

Name of Mother, Stepmother, Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If deceased, please give the date \_\_\_\_\_

Number of dependent children in family \_\_\_\_\_ Ages \_\_\_\_\_

Number of children in college next fall \_\_\_\_\_



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### Section IV—FINANCIAL INFORMATION

[NOTE: If FAFSA or SAR forms are attached, please skip to “Section V—ADDITIONAL INFORMATION.” Otherwise this section must be completed in its entirety.]

Annual taxable family income before deductions:

Father, Stepfather, or Male Guardian \$ \_\_\_\_\_

Mother, Stepmother, or Female Guardian \$ \_\_\_\_\_

Are you, the Applicant, working?  YES  NO

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Funds available for school next year, beginning in the fall:

A. Amount available from parents/guardians \$ \_\_\_\_\_

B. Savings, trusts, investments \$ \_\_\_\_\_

C. Other resources (family, friends, etc.) \$ \_\_\_\_\_

D. Scholarship awards (if know at this time) \$ \_\_\_\_\_

E. Benefits:

a. Social Security payments per month \$ \_\_\_\_\_

b. Veteran's payments per month \$ \_\_\_\_\_

c. Other \$ \_\_\_\_\_

### Section V—ADDITIONAL INFORMATION

Please state any special circumstances the Hall Education Fund's Scholarship Committee should be aware of:

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Please list your scholastic activities:

ORGANIZATION	Number of years in organization	Leadership Position/Year	Honor or Award Year

Please list your school-related extra-curricular activities:

ORGANIZATION	Number of years in organization	Leadership Position/Year	Honor or Award Year

Please list your civic and religious activities:

ORGANIZATION	Number of years in organization	Leadership Position/Year	Honor or Award Year

Please list your personal interests and hobbies:

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References: Please list three (3) teachers and/or others familiar with your abilities (employers, counselors, ministers, etc.) that you are not related to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

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### Applicant and Parent/Guardian Certification and Authorization

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

Parent/Guardian Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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Class Rank \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Guidance Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH AN OFFICIAL COPY OF APPLICANT'S HIGH SCHOOL TRANSCRIPT