

**2011 APPLICATION FORM
NEW YORK STATE FEDERATION OF HOME BUREAUS, INC**

SCHOLARSHIP IN HONOR OF: FRANKLIN COUNTY #45
FIELD OF STUDY NURSING / ALT-RADIOLOGY or MENTAL HEALTH

Date: _____

To be eligible to receive this award a student must be:

- Full-time student (see guideline #1)
- Academic standard of 2.85
- Student must be in 2nd, 3rd or 4th year
- Resident of NYS within an organized county of Home Bureau

If an applicant feels any one or more questions are to personal, they do not have to put a response in.

1. Name _____ Male _____ Female _____
2. Grade point average: _____
Anticipated graduation date: _____
Field of study: _____
3. Single or Married (circle one) Age: _____
 - A. Applicant occupation: _____
 - B. Applicant spouse occupation: _____
 - C. Total income: _____
4. Legal address (on driver's license) County _____

5. Father's occupation _____
6. Mother's occupation _____
7. Do you live off campus or at home _____
8. Estimate your total yearly educational costs _____
9. Number of brother or sisters in currently in college: _____
10. Number of brother or sisters currently living at home: _____
11. What other financial aid are you applying for?

12. List other financial assistance you will receive next year and the amounts of each:

13. Give total educational indebtedness to date

14. List the last 3 (three) jobs you have held and where:

15. List extra-curricular activities, on and off campus and giving type of participation

16. List honors, awards, scholastic and otherwise received in secondary school or college

17. List community activities

18. In what way do you feel you have shown potential toward a successful career in the field you have chosen?

If additional space is needed for answers please answer on a separate sheet and attach

May we have permission to confirm your citizenship and financial eligibility?

Yes No