

List other scholarships for which you have made application _____

List scholarships which you have received _____

Student's Signature

The following statements are submitted for the confidential use of the committee in determining need and should be filled out by the parent/guardian.

A. Annual family income (gross, for tax purposes) _____

(Less than \$10,000)
(\$20,000 - \$24,999)

(\$10,000 - \$14,999)
(\$25,000 - \$29,999)

(\$15,000 - \$19,999)
(\$30,000 plus)

B. Have you filed the BEOG, FFS, or FAF? Yes _____ No _____

C. State any conditions involving expenses or possible hardships which the committee should take into consideration

Signature of Parent/Guardian

Counselor's Certificate

Student's G.P.A. (On a 4 point scale)

Student's class ranking
(i. e. 50th out of 100)

ACT/SAT Composite

Do you believe the educational plans of the candidate are realistic? _____

Statement or recommendation of counselor _____

I have read the statements made by the applicant in his/her formal application for the scholarship and certify they are correct to the best of my knowledge and belief.

Counselor (please print clearly)

Counselor's Signature

Date

Name of High School & Address

High School Telephone Number