

Scholarship Application Form

Please read carefully and fill in all the information requested

Confidential Information

Name: _____

Gender: Male___ Female___

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Current or Former Occupation:

Please answer the following questions, enter N/A where the question is not applicable.

Parent or Guardian Information (if different from above)

Name(s): _____

Address: _____

Parent Home Phone: _____

A. Do you live with your parent(s)?
Yes_____ No_____ Both_____ Mother_____ Father_____

If not, whom do you live with? _____

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A. Number of siblings at home: _____

B. Number of Dependents claimed by your parents: _____

C. Are any other siblings attending college? Yes_____ No_____

If yes, who, where, and what year of study?

D. Mother's Occupation:

Approximate annual income_____

E. Father's Occupation:

Approximate annual income_____

F. Is either of your parents receiving social security disability benefits?

Yes_____No_____

Family Information (*if applicable*):

A. Spouse's Name: _____

B. Spouse's Occupation: _____

C. Spouse's estimated annual income_____

D. Number of Dependents claimed by you (please include name and age)

Essay Question #1

What are your goals for attending college/trade school?

Essay Question #2

How will attending college/trade school contribute to your life after graduation?

Essay Question #3

What are some the challenges you face as a burn survivor and how has your burn affected your life?