

For office use only	
College POE Rec'd: _____	Student POE Rec'd: _____
CK #: _____	Mailed: _____

Multi-winner with _____

FAIRFIELD HIGH SCHOOL ALUMNI SCHOLARSHIP

SCHOLARSHIP EMPHASIS: Open

This award of **\$1,000.00** is to be applied toward recipient's expenses at a college, university, community college or technical school of choice.

Please return completed application to the main office.

ATTENTION: This scholarship is for first year/freshman expenses only. If you will not need these scholarship funds, do not apply for the scholarship, or decline and return all scholarship funds to the Foundation. These funds will not be forwarded to second year or beyond

You must be a graduate of Fairfield High School and a resident of Jefferson County, IA to be eligible for this scholarship.

DEADLINE IS FEBRUARY 1 @ 3:00 pm

Please fill out the requested information as completely and accurately as possible.

NAME	
------	--

ADDRESS		CITY		ZIP	
---------	--	------	--	-----	--

PHONE (AREA CODE)		DATE OF BIRTH	
1. Father's name		Occupation	
2. Stepfather's name		Occupation	
3. Mother's name		Occupation	
4. Stepmother's name		Occupation	
5. Guardian's name(s)		Occupation	
		Occupation	

***Personal Email address:** _____

I live with 1 2 3 4 5 (circle)

HIGH SCHOOL RECORD: G.P.A. CLASS RANK: OF

(Attach high school transcript including test scores and class rank)

TEST SCORES: ACT SAT

How many years have you attended Fairfield Community High School?

Grade(s) 9 10 11 12 (circle)

Complete the following activities section using 1, 2, 3, and 4 to represent grades 9, 10, 11, 12 respectively.

Example: Band (1,2,3,4) means participation all four years and

Student Council (2,3) means participation in grades 10 and 11.

ACTIVITIES

Activity

Offices

Awards

School

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Community

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Church

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

FUTURE PLANS

What college, university, community college or technical school do you plan to attend? Please include address.

What are your career plans?

Please write a paragraph telling why you are interested in this career.

Any other statement you would like to make to help the selection committee better understand your situation as to why you feel you should be considered for this award.

RECOMMENDATIONS:

Please obtain the signatures of three people who have agreed to recommend you for this award.
(Limit to one educator)

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

FINANCIAL NEED ASSESSMENT

One of the criteria for FHS Alumni Scholarship is financial need. To properly evaluate the financial need of each applicant, the following questions must be carefully answered. All information pertaining to this scholarship will remain confidential.

1.	Full cost of tuition, room and board for one year	
2.	Number of persons living in your household including applicant	
3.	Number of college students in household next fall including applicant	
4.	As indicated on page one of application, annual income from work of:	Supporting Parent(s)
4a.	Male - 1, 2, or 5 from page one	
4b.	Female – 3, 4, or 5 from page one	
5.	Amount of other taxable income of the above persons including child support	
6.	Total of 4a, 4b, and 5	

7. How will your education be financed?

Source	Percent
Applicant savings	
Applicant working	
Parent(s) savings	
Parent(s) working	
Loan, grants, and scholarships	

8. Have you completed and sent the Free Application for Federal Student Aid (FAFSA)? Yes No

9. If you and/or your family have unusual or unexpected financial circumstances, please comment briefly to explain how these circumstances will affect your financial need.

I hereby certify that the information provided in this application is correct.

Student signature	Date	Parent/Guardian Signature	Date

