

College POE Rec'd: _____ Student POE Rec'd: _____ CK #: _____ Mailed: _____

Multi-winner with

RALPH A. PERRY MEMORIAL SCHOLARSHIP**SCHOLARSHIP EMPHASIS: Financial Need and Factors Indicating Success in Postsecondary Program**

This scholarship of 6 awards of \$5000 each is to be applied toward the recipients' tuition, books and school fees as full-time student at an accredited college, university, community college or technical school of choice.

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

Please return completed application to the main office. DEADLINE IS FEBRUARY 1 @ 3:00 PM
Please fill out the requested information as completely and accurately as possible.
Add no additional pages except high school transcript and FAFSA document.

NAME		SOCIAL SECURITY #	
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Required

ADDRESS		CITY		ZIP	
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PHONE (AREA CODE)		DATE OF BIRTH	
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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:**

(Circle from above) I live with 1. 2. 3. 4. 5.

HIGH SCHOOL RECORD: G.P.A. CLASS RANK: OF
(Attach high school transcript including test scores and class

TEST SCORES: ACT SAT

How many years have you attended Fairfield Community High School?

Grade(s) 9 10 11 12 (circle)

Complete this page using 1, 2, 3, and 4 to represent grades 9, 10, 11, and 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

Mr. Perry was interested in providing opportunities not only to students who have financial need or

have shown consistent academic achievement, but also to those who are highly motivated to further their education and to succeed in their future endeavors. The content below is a very important part of the application process. Please answer thoughtfully and completely.

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

Write 1-2 sentences describing your career plans.

Please write a paragraph of 3 to 5 sentences telling why you are interested in this career.

Please write a paragraph of 5 to 7 sentences explaining personal characteristics or experiences you believe will contribute to your success in pursuing further education or training.

RECOMMENDATIONS:

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

Nam e		Phone Number	
Nam e		Phone Number	
Nam		Phone	

e		Number	
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FINANCIAL NEED ASSESSMENT

One of the criteria for the Perry Scholarship is financial need. To properly evaluate the financial need of each applicant, the following questions must be carefully answered. Please be advised that the scholarship selection committee may request that finalists for this scholarship be interviewed and asked for financial documentation. All information pertaining to this scholarship will remain confidential.

1.	Full cost of tuition, books and school fees 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
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.	List the tax percentage of the year ending the past December 31 st *	%

*From information on tax return, divide **Total Tax Owed** by **Taxable Income**

8	List amount of child support received	
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9. How will your education be financed?

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

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

Include a copy of the FAFSA with this application

10. 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 above information is correct.

Student signature	Date	Parent/Guardian Signature	Date