For office use only

College POE Rec'd: _____ Student POE Rec'd: _____

CK #: _____ Mailed: _____

Multi-winner with

_____

_____

GRACE ROBERTS SCHOLARSHIP
SCHOLARSHIP EMPHASIS: NURSING

This award of $1,000 is to be applied toward recipient's expenses of further education into the first year of college at a two or four year accredited school of choice. Please return completed application to the main office.

DEADLINE IS FEBRUARY 1 @ 3:00 PM

You must be a graduate of FHS and a resident of Jefferson County, IA to be eligible for this scholarship

Please fill out the requested information as completely and accurately as possible. Type or print legibly.

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

NAME	

Required

ADDRESS		CITY		ZIP	
COUNTY					

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	

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 rank)

TEST SCORES: ACT _____ SAT _____

How many years have you attended Fairfield Community High School? Grade(s) 9 10 11 12 (circle)

You must be a Fairfield High School graduate to be eligible for this scholarship.

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

List activities and especially those which demonstrate your interest in nursing

	Activity	**Offices**	**Awards**
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	
Print Name			
Name		Phone Number	
Print Name			
Name		Phone Number	
Print Name			

FINANCIAL NEED ASSESSMENT

One of the criteria for Roberts 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.

Failure to properly complete this section may jeopardize consideration of this application. Again, this is confidential information and will be held in strictest confidence and will be seen by only the selection committee.

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 any 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 above information is correct.

Student signature	**Date**	**Parent/Guardian Signature**	**Date**