

H.S. Grad. Year	_____
Need: Application	_____
Classes	_____
Financials	_____

FCB Use Only

Henry Buresh Scholarship Application

Please type or print

APPLICANT DATA

 Name (last) (first) (middle initial) Social Security Number

 Permanent Address (street) (city) (state) (zip)

 Date of Birth (month, day, year) Telephone Number Email Address

 Name of parent/guardian

Permanent mailing address of parent/guardian if different from applicant:

 (street) (city) (state) (zip) Telephone Number

SCHOOL DATA

 High School Attended

 Address (street) (city) (state) (zip) Telephone Number

 Graduation Date (Mo./Yr.)

Name and address of post-secondary school for which applicant's scholarship is requested:

 (name) (address) (city) (state) (zip)

4 yr. College/University _____ Community College _____ Vo-Tech _____ Other _____
 Accredited? Yes _____ No _____

Year in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate

Student will: _____ live on campus _____ live off campus _____ commute

Enrolled: _____ less than half-time _____ half-time or more _____ full-time

Anticipated date of graduation from post-secondary program: (Mo./Yr.) _____

Major field of study applicant plans to pursue _____

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date from (mo/yr)	Date to (mo/yr)	Hours Per Week	Amount Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all school activities in which you have participated during the **past 4 years** (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	No. of years partic.	Special Awards, honors	Activity	No of Yrs. Part.	Special Awards, Honors
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT APPRAISAL

To be filled out by a high school or college counselor or advisor, a member of the clergy, an instructor, a professional person or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant.

	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
The applicant's choice of a post-secondary education program is	_____	_____	_____	_____
The applicant's achievements reflect his/her ability.	_____	_____	_____	_____
The applicant's ability to set realistic and attainable goals is	_____	_____	_____	_____
The quality of the applicant's commitment to school and community is	_____	_____	_____	_____
I know the applicant	_____	_____	_____	_____

Comments:

Appraiser's Signature	Date	Title	Telephone Number
Appraiser's Address (street)	(city)	(state)	(zip)

TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades.

APPLICATION CHECKLIST

This application for student aid becomes **complete** and **valid** only when you have returned the following materials:

- _____ Application
- _____ Current Transcript of Grades (provided by the High School)
- _____ Copy of Fall College Classes
- _____ Copy of FAFSA or enclosed Financial Assistance Questionnaire for upcoming year. Financial Information is REQUIRED!

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature	Date
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PLEASE REVIEW APPLICATION CHECKLIST FOR COMPLETION.