

Scholarship Name: _____ Date Submitted: _____

CARIBOU HIGH SCHOOL LOCAL SCHOLARSHIP APPLICATION

A committee representing the organization awarding the scholarship will review this application. All information provided by the applicant will be treated in a confidential manner. To be eligible, the applicant must complete all areas of the application. Please type or write legibly.

I. PERSONAL INFORMATION

Name of Applicant: _____ Birthdate: _____

Residence Address: _____ Year of Graduation: _____

Mailing Address: _____ Telephone #: _____

List the institutions to which you have applied (write an "A" beside any college you have been accepted at):

_____	_____
_____	_____
_____	_____
_____	_____

Duration of Program: 1 year 2 year 4 year (Please check one.)

Program of study (i.e. Major): _____

Parent/Guardian Name(s): _____

Father/Guardian's Occupation & Place of Employment: _____

Mother/Guardian's Occupation & Place of Employment: _____

Number of **younger** Brothers and Sisters: _____

Number of family members, including parents, who **will be** attending College/vocational School next year: (Please include yourself) _____

If you (and your family) have unusual circumstances that impacts your financial status, you may choose to comment here (please give specific details):

II. COLLEGE EXPENSES AND FINANCIAL CONSIDERATIONS

College you expect to attend: _____
Please list costs based upon a full year of attendance, not on semester costs.

Tuition & Fees: \$ _____ Room & Board: \$ _____
Books & Supplies: \$ _____ **Total Costs:** \$ _____
Other expenses (Please explain): \$ _____ / _____

Father's "Adjusted Gross Income" plus any Untaxed Income: \$ _____
Mother's "Adjusted Gross Income" plus any Untaxed Income: \$ _____
Student's "Adjusted Gross Income" plus any Untaxed Income: \$ _____

Note:

- **Please use your Adjusted Gross Income from last year's Federal Tax Form** (1040, 1040A or 1040EZ)
- **Untaxed Income includes:** Deductible IRA/Keogh/401(k) contributions and/or any other contributions you make to a tax-deferred pension/savings plan at work, Social Security, child support, welfare benefits, Workers Comp, and/or tax-exempt interest
- If you did not file a tax return last year, indicate how much money you earned (plus any Untaxed Income)

Amount Parents will contribute for freshman year from Income, Investments and/or Other Sources: \$ _____
Amount Student will contribute for freshman year from Income, Investments and/or Other Sources: \$ _____
Enter your EFC (Expected Family Contribution) from your FAFSA Here: \$ _____

If you have received financial aid packages from colleges you have applied to, please list the amount of aid received and/or include a copy of the award letter. Please also list other scholarships or awards you have received.

UNFUNDED NEED:

Total Costs minus Student/Parent contributions and Financial Aid Loans/Scholarships received = \$ _____.

III. ACADEMIC PERFORMANCE AND EXTRA-CURRICULAR PARTICIPATION

Cumulative GPA: _____ Class Standing: _____ Number in Graduating Class: _____

Clubs, Organizations, and/or Athletic Participation: _____

Honors or Awards Received: _____

Community or Church Activities: _____

IV. PERMISSION FOR DISCLOSURE

I, the undersigned, grant permission for the scholarship committee of the organizations to which I have applied to examine this application.

Signature of Applicant

Signature of Parent/Guardian