

APPLICATION FOR SCHOLARSHIP

THE ROSE LAFFERTY AND FLORA FOUST
EDUCATIONAL FUNDS

St. Andrew's Episcopal Church
917 Lamar Street
Fort Worth, Texas 76102
817-377-0667 lafferty-foust@st-andrew.com

This application will cover one full academic year only. The applicant must be a citizen of the United States, be a current resident of either Tarrant or Erath County, and be attending or applying for admission to a Texas institution. Please fill in ALL blanks, inserting NA where applicable. FILL OUT THE CHECK LIST on page 3 before mailing. ALL REQUESTED INFORMATION MUST BE RECEIVED BY THIS OFFICE POSTMARKED NO LATER THAN MARCH 1st. Applications received after that date WILL NOT BE CONSIDERED. To expedite the processing of your application, MAIL ALL REQUIRED INFORMATION IN ONE PACKAGE.

PERSONAL INFORMATION

Name (Last name first): _____ Social Security #: _____

Home Address: _____ Telephone # _____ Cell # _____
(Street) (City) (Zip)

Age: _____ Date of Birth: _____ Birthplace: _____ Citizen of: _____

How long have you been a resident of Tarrant or Erath County?: _____

Have you ever served in the Armed Forces? _____ Branch: _____

Period Served: _____ Rank: _____ Discharge: _____

Present high school, college, or vocational school: _____

Class Level: _____ Grade Point Average: _____ Class Rank: _____ of _____ S.A.T:

Critical Reading _____
Math _____ A.C.T. _____
Writing _____
Total _____

Institution you are planning to attend: _____ Have you been accepted? _____

Description of proposed course of study: _____

List other schools you have attended:

Name	Location	From date to date	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____

List any scholastic honors or distinctions: _____

List school, church, civic, social, sports activities:

Activity	Location	From date to date
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Father's Name: _____ Address: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Mother's Name: _____ Address: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Brothers and Sisters:

Name	Age	School Attending	Grade/Class Level

Your Marital Status: Single? _____ Married? _____ Divorced? _____ Number of Children: _____

Children's Names	Age	School Attending	Grade/Class Level

FINANCIAL INFORMATION

Employment Record (List most recent or current employer first):

Name of Business	Location	From date to date	Hrs per week

Do you plan to work this coming summer? _____ Do you plan to work during the coming school year? _____

If you are currently attending college or vocational school, explain how your education has been financed thus far, citing the source and the amount:

List all **DIRECT CONTRIBUTIONS** you expect to make or receive toward the cost of your schooling:

Parents (Mother _____ Father _____ Both _____):	Amount: _____
Other Relatives or Friends:	_____
Husband/Wife:	_____
Employer:	_____
Work during school:	_____
Summer work:	_____
Social Security Benefit:	_____
Veteran's Administration Benefit:	_____
Total Money Available to Pay School Expenses:	\$ _____

OTHER INCOME: List each Scholarship and Grant for which you have applied and amount of award received.

Scholarships/Grants	Amount Applied For:	Amount Awarded:
PELL		
TEG		
Direct or Guaranteed Student Loans		
Military Benefits		

ANTICIPATED SCHOOL EXPENSES, based on most recent catalog:

	1st. Semester	2nd. Semester
Tuition:	\$ _____	\$ _____
Fees:	\$ _____	\$ _____
Books:	\$ _____	\$ _____
Room and Board (please specify one location))		
On Campus	\$ _____	\$ _____
Off Campus	\$ _____	\$ _____
Total:	\$ _____	\$ _____

REFERENCES

List three references. One must be a school teacher, professor, or school counselor, and one must be an employer, minister, or activity leader. Relatives, fellow students, or casual friends do not qualify. Three Letters of Recommendation are to be included in your complete application package.

Name of Reference	Relationship	Telephone #

ESSAY

Explain in a separate typed 250 word essay why you need this scholarship/grant. Also, give any additional information about yourself (personal goals, autobiographical facts of particular interest, hobbies, etc.) which you think would be of help in evaluating your application. The impression this essay conveys to the committee is **important**, so give attention to neatness and carefulness in wording.

FINANCIAL INFORMATION

Since Lafferty - Foust Scholarship Grants are based primarily on financial need, you are asked to provide a copy of your parents' current signed Income Tax Form and your Tax Form, if you work and file Income Tax.

SECURITY

All personal information submitted with this application will remain strictly **confidential** and will not be used in any way except by the Lafferty - Foust Committee in determining scholarship awards.

CHECK LIST

Have you submitted the following? Please check the appropriate boxes.

- 1. The COMPLETED application form.
- 2. A 250-word essay, typed on a separate page.
- 3. Three letters of recommendation.
- 4. SAT, ACT, or any other entrance exam scores.
- 5. Official high school and/or college transcripts. Copies are acceptable.
- 6. Current income tax return. Copies are acceptable. The return MUST HAVE BEEN SIGNED AND INCLUDE ALL SCHEDULES NOTED ON PAGE 1 OF TAX FORM. IF YOU LIVE WITH YOUR PARENTS, THE RETURN MUST BE THEIRS, WHETHER OR NOT THEY DECLARE YOU AS A DEPENDENT.

All information requested in the above check list must be received in our office **postmarked no later than March 1st.** Any applications received after that date will not be considered. To expedite the processing of your application, **mail all required information in one package.**

PLEDGE

I understand that any money awarded to me will be paid directly to the institution I have chosen to attend. I understand that this money will be used for tuition, fees, and books.

I certify that the facts stated in this application are my own and are, to the best of my knowledge, true and complete.

(Date)

(Signature)

Your Email Address: _____