

2016-2017

APPLICATION

INITIAL APPLICATION _____

RENEWAL APPLICATION _____

THE JOHN AND LUCILLE GUZEY SCHOLARSHIP FUND

I HEREBY APPLY FOR FINANCIAL ASSISTANCE THROUGH THE JOHN AND LUCILLE GUZEY SCHOLARSHIP FUND TO ASSIST IN THE PAYMENT OF MY DIRECT EDUCATIONAL EXPENSES FOR THE 2016-2017 ACADEMIC YEAR.

(PLEASE PRINT)

NAME: _____ PHONE: _____
(LAST) (FIRST) (MIDDLE)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

AGE: _____ SCHOOL LAST ATTENDED: _____

CURRENT SCHOOL: _____ ADDRESS: _____

NUMBER OF PERSONS IN HOUSEHOLD: _____ NUMBER EMPLOYED: _____

CURRENT GRADE: _____
(HIGH SCHOOL) (COLLEGE) (GRADUATE SCHOOL)

EXTRA CURRICULAR ACTIVITIES: _____

OFFICES HELD OR HONORS RECEIVED: _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

VOCATIONAL OBJECTIVE: _____

MEMBER OF THE _____ BOYS & GIRLS CLUB DURING THE _____ SEASON.

COURSE TO BE PURSUED: _____

ESTIMATED COSTS: TUITION AND FEES: \$ _____ PER YEAR.

ARE YOU EMPLOYED? _____ IF SO, DO YOU WORK DURING THE SCHOOL YEAR? _____

PLACE OF EMPLOYMENT: _____

AMOUNT OF MONEY AVAILABLE FOR EDUCATIONAL COSTS: \$ _____

STUDENT AID APPLIED FOR: _____

LIST AMOUNTS AND SOURCES OF AID RECEIVED OR EXPECTED TO BE RECEIVED FOR THE ACADEMIC YEAR FOR WHICH YOU ARE APPLYING:



ADDITIONAL INFORMATIN OR COMMENTS THAT YOU WOULD LIKE TO CALL TO THE ATTENTION OF THE SCHOLARSHIP COMMITTEE:

(DATE)

(APPLICANT'S SIGNATURE)

(APPLICANT'S SOCIAL SECURITY NUMBER)