

COLLEGE SCHOLARSHIP APPLICATION

RULES: IF YOU HAVE QUESTIONS, CALL (479) 782-7093.

- 1) **PRINT** (using pen) or **TYPE** only. **DO NOT STAPLE** - use a paperclip only. **USE** forms available.
- 2) Deadline for submission is **APRIL 1ST**. No exceptions.
- 3) **New applicants** must rank in the **TOP 60%** of their high school class.
- 4) **New applicants** 18 years or younger must have a current FSBGC membership.
- 5) **New applicants** must have been a member or participant of the Club for a minimum of two (2) years.
- 6) **All applicants** must have and maintain a **GPA OF 2.5 OR BETTER**.
- 7) **All applicants** must register for a minimum of **12 CREDIT HOURS PER SEMESTER**.
- 8) **All applicants** must include current **WRITTEN RECOMMENDATION** from a teacher, instructor, counselor and/or principal.
- 9) **All applicants** must **INCLUDE CURRENT** transcripts, including grades, rank, ACT or SAT scores, classes, credit hours (as applies).
- 10) **All applicants** must include an **ESSAY** about your desired major (or any changes), and list your career goals.
- 11) **All applicants** must include a current **PHOTOGRAPH**.
- 12) Applications not 100% complete will not be considered. (If something does not apply, enter "N/A".)
- 13) Applicants with added volunteer service, & those with greater financial need will be given higher consideration.

See special lines for new applicants only.

NEW APPLICANT → CURRENT MEMBERSHIP # RETURNING APPLICANT

NAME _____ SOC SEC # _____
Last First MI

HOME ADDRESS _____
Number & Street City State Zip

HOME PHONE _____ E-MAIL _____

CELL PHONE _____ OTHER _____

DO YOU OWN YOUR OWN CAR? NO YES
If "Yes", list make, model & year of vehicle. _____

DO YOU HAVE BROTHERS OR SISTERS? NO YES NUMBER & AGES _____

WITH WHOM DOES THE APPLICANT LIVE? (Check one)
 Both parents Mother only Father only Other _____

PARENT (GUARDIAN): _____
Mother / Female Guardian Name Father / Male Guardian Name

PLACE OF EMPLOYMENT: _____
Mother Father

PARENT PHONE: Mother _____ Father _____

LIST ALL CHILDREN & THEIR AGES: _____

COMBINED ANNUAL FAMILY INCOME: _____ This information will be kept confidential.
Part of the criteria evaluated by the scholarship committee is "need". **Include copies of parents' most recent W-2 forms with this application.**

I certify that the information provided above and herein is true and correct. I authorize the Fort Smith Boys & Girls Club Scholarship Committee to verify such.

APPLICANT'S SIGNATURE _____

DATE _____

Fort Smith Boys & Girls Clubs
COLLEGE SCHOLARSHIP APPLICATION

(New Applicants Only)

HIGH SCHOOL

Name _____ City _____ State _____

CURRENT

CUMULATIVE GPA _____

(New Applicants Only)

CLASS RANK _____

(New Applicants Only)

ACT SCORE _____

THIS COMING SEMESTER, I WILL BE A:

Freshman

Sophomore

Junior

Senior

COLLEGE DESIRED / ATTENDING

Name _____ City/State _____

MAJOR / DESIRED DEGREE

COLLEGE MAILING ADDRESS

(If different from home address)

Street & Number _____

City/State/Zip _____

COLLEGE COSTS: (Total per semester of tuition, books, housing, etc.)

\$ _____

FUNDING - List all scholarships/grants you will receive: (use back of form if necessary)

Name _____
 Amount _____

Name _____
 Amount _____

- List parental / other support you will receive: (include work, loans, etc.)

Name _____
 Amount _____

Name _____
 Amount _____

LIST EXTRA-CURRICULAR ACTIVITIES: (use back of form if necessary)

LIST PARTICIPATION / INVOLVEMENT WITH FORT SMITH BOYS & GIRLS CLUB: (use back of form if necessary)

MAIL or DELIVER COMPLETED APPLICATION TO:	Ms. Helene M. Lewis FSBGC 4905 North "O" St. Fort Smith, AR 72904	phone: (479) 782-7093 fax: (479) 782-0842 E-Mail: hlewis@fsbgc.org Website: www.fsbgc.org
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***** New Applicants Only *** PARENT:** Please list reasons your child is deserving of a scholarship from the Fort Smith Boys & Girls Club: _____

I certify that the information provided above and herein is true and correct. I authorize the Fort Smith Boys & Girls Club Scholarship Committee to verify such.

***** New Applicants Only *** PARENT'S SIGNATURE** (only one required)

DATE