

ABLA Foundation Scholarship Application

Name of Applicant: _____

Please type all information **on both pages**. Return the completed form to the counseling office at your school.

Name: _____ Sex: _____ Age: _____ Ethnicity: _____
Last First

Address: _____ Phone: _____
Street City/State Zip

Names of Schools attended: Elem: _____ Middle: _____

High School Currently Attending: _____

Mother	Father	Guardian
_____ Name	_____ Name	_____ Name
_____ Home Phone	_____ Home Phone	_____ Home Phone
_____ Address	_____ Address	_____ Address
_____ Occupation	_____ Occupation	_____ Occupation
_____ Business Phone/Ext.	_____ Business Phone/Ext.	_____ Business Phone/Ext.

Number of adults and children who are dependent on parents' financial support: _____

Number of children dependent on parents' financial support: _____ Ages: _____, _____, _____, _____, _____

Number of family members attending college: _____

Describe any existing conditions that are causing unusual financial expenditures for any dependents listed above. Ex: illness, dental work, support of family by only one parent, etc.

Please check approximate annual gross income in the home before deductions. Include all sources of income **except** earnings of minors in part-time employment.

- | | | |
|---|---|---|
| \$0 to \$15,000 <input type="checkbox"/> | \$45,001 to \$55,000 <input type="checkbox"/> | \$75,001 to \$85,000 <input type="checkbox"/> |
| \$15,001 to \$30,000 <input type="checkbox"/> | \$55,001 to \$65,000 <input type="checkbox"/> | \$85,001 to \$95,000 <input type="checkbox"/> |
| \$30,001 to \$45,000 <input type="checkbox"/> | \$65,001 to \$75,000 <input type="checkbox"/> | \$95,001 and above <input type="checkbox"/> |

Education:

Please list in order of preference:

Colleges: 1. _____ 2. _____ 3. _____
Intended majors: 1. _____ 2. _____ 3. _____

What are your career plans after college? _____

For Office Use Only

PSAT _____ SAT _____ ACT _____ Rank _____ / _____ GPA _____

Student's Employment Record:

Business	Type of Work	Approx. # Hours per Wk.	Dates Worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all requested information including the # of years involved. Please be specific. (You may add additional pages if needed.)

Scholastic Awards (Ex. Trustee, Honor Roll, History Award)

Number of Years

_____	_____
_____	_____
_____	_____
_____	_____

Athletic Awards (Ex. Track Team, Volleyball Captain)

_____	_____
_____	_____
_____	_____
_____	_____

Other Extra-Curricular Activities, Awards, or Honors

(Ex. Band, Eagle Scout)

_____	_____
_____	_____
_____	_____
_____	_____

Hobbies, Talents, or Interests not listed above:

(Ex. Piano lessons, youth groups)

_____	_____
_____	_____
_____	_____
_____	_____

Please respond to **ONE** of the topics listed below. This is your chance to present your best self to the Scholarship Committee. Attach your **one page** response to your application.

1. My goals for the future and how I plan to achieve them.
2. A personal challenge which I had to overcome and how I overcame it.
3. Someone who has had a significant impact on my life and why/how

I certify that all information on this application is correct:

Student's Signature

Parent's Signature

Counselor's Signature