

ALGER REGIONAL COMMUNITY FOUNDATION
SCHOLARSHIP APPLICATION FORM

- ❖ *Date:* _____
- ❖ *Name:* _____
- ❖ *Address:* _____
- ❖ *Phone:* _____
- ❖ *Email:* _____
- ❖ *Class Rank:* _____
- ❖ *GPA:* _____
- ❖ *Social Security No.* _____

- ❖ *Name of Scholarship* _____

- ❖ *Area of Study:* _____

Please use additional pages as needed to complete the following:

❖ *Indicate school activities in which you have participated during the past four years:*

❖ *List community activities in which you have participated during the past four years:*

❖ *List work experience during past 4 years:*

❖ *Number of people in family*_____

❖ *Number of children*_____

❖ *Number living at home*_____

❖ *Number in college(do not include yourself)*_____

❖ *Name & address of college/school at which you have been accepted:*

❖ *Student ID number issued by college/school:*

BECAUSE SO MANY OF OUR DONORS ARE INTERESTED IN HELPING STUDENTS WHO HAVE FINANCIAL NEEDS, WE ASK YOU TO COMPLETE THE FOLLOWING INFORMATION:

❖ *Approximate annual costs to attend the college/school (including room & board):*

❖ *Probable amount of financial support from family:* _____

❖ *Probable amount of financial support from other sources:* _____

❖ *Combined annual income of both parents is:*

❖ *Under \$20,000* _____

❖ *\$20,000-\$50,000* _____

❖ *\$50,000-\$75,000* _____

❖ *\$75,000-\$100,000* _____

❖ *Over \$100,000* _____

FASFA FORMS MAY BE REQUESTED

ARCF Scholarship Application Form

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❖ *List 3 adult references (2 must be from outside of school):*

Name

Address

Phone

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Signature

For Office Use Only