

TAFCE SCHOLARSHIP APPLICATION FORM

Applicant Name _____ Social Security No. _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone (____) _____ How many years have you been in FCE? _____ Club Name _____

High School Name _____ City _____ State _____

At the start of the fall term, will you be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

Planned Major _____ Planned Graduation Date _____

Grade Point Average: Last Semester _____ Cumulative GPA _____

Planned Degree _____

Please use the space below for your biographical statement including your educational background and financial need:

Actual dollars and source of funds available to you for education purposes:

Actual Expenses:

Per Semester \$ _____
 Wages (full or part-time) \$ _____
 Parents/Spouse (if applicable) \$ _____
 Scholarships \$ _____
 Loans \$ _____
 Other Sources (specify) \$ _____
Total \$ _____

Per Semester \$ _____
 Tuition, fees \$ _____
 Books \$ _____
 Living Expense \$ _____
 Other (specify) \$ _____
Total \$ _____

I attest that all information is complete and accurate.

Applicant Signature _____ Date _____

Please note: Additional information or supporting exhibits about your activities, employment, etc., may be attached to this application to enhance your opportunity for success. Please attach your statement regarding future goals as a separate page to this application. *(Revised 04/2008)*

County Due Date: _____ (Counties send directly to State Chairperson for the year by **April 15th.**)