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	$_____	Per Semester	$_____
Wages (full or part-time)	$_____	Tuition, fees	$_____
Parents/Spouse (if applicable)	$_____	Books	$_____
Scholarships	$_____	Living Expense	$_____
Loans	$_____	Other (specify)	$_____
Other Sources (specify)	$_____		
Total	$_____	**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.**