

JP Crain Family Scholarship Fund Application

Check one: *New Applicant* *Renewal Applicant*

STUDENT INFORMATION

Name: _____ Social Security # _____
Last First Middle

Address: _____ Date of Birth: _____
Street City State Zip Mo/Day/Yr

Phone: () _____ High School: _____

Grad date: _____ Cumulative GPA: _____ Class Rank: _____

Student's Employer: _____ Hrs. per week: _____ Annual Income: \$ _____

Email address: _____

Awards and Extra Curricular Activities: _____

Have you received an award from this fund in the past? No Yes When? _____
Amount: \$ _____

COLLEGE INFORMATION

STUDENT ID # _____

Check one: I will begin next Fall.
 I am currently enrolled and will be a (sophmore, junior or senior) in the fall.

College: _____ City, State: _____ Major: _____

Circle one: Quarters Semesters Expected Graduation: _____ Cumulative GPA: _____

Annual Tuition: \$ _____ Annual Room and Board (if you plan to live on campus): \$ _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____
Position Firm Position Firm

OTHER FINANCIAL AID

List below all financial aid you have been awarded for this current year. If you receive an award, you must keep us informed about other financial aid received. Failure to do so may result in termination of your award.

<u>Awards/Grants</u>	<u>Amount</u>	<u>Loans</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____