

BETH SPENCE CANN MEMORIAL ART SCHOLARSHIP

NAME _____

ADDRESS _____ TEL. # _____

COLLEGE YOU WILL ATTEND: _____

MAJOR FIELD OF STUDY _____

TUITION PER YEAR \$ _____ ROOM AND BOARD \$ _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

FATHER'S COMPANY _____ MOTHER'S COMPANY _____

DID YOU FILE A FAFSA? _____ (Free application for Federal Student Aid) IF SO, PLEASE LIST

EFC# _____ (Expected Family Contribution) FROM YOU STUDENT AID REPORT

PLEASE CHECK THE APPROXIMATE COMBINED INCOME OF YOUR PARENTS BEFORE TAXES LAST YEAR? INCLUDE TAXABLE AND NON-TAXABLE INCOME FROM ALL SOURCES.

_____ LESS THAN \$30,000 _____ ABOUT \$30,000 - \$55,000 _____ ABOUT \$55,000 - \$75,000
_____ ABOUT \$75,000 - \$95,000 _____ ABOUT \$95,000 - \$110,000 _____ ABOUT \$110,000 - \$135,000
_____ MORE THAN \$135,000

APPLICANT'S SAVINGS \$ _____ OTHER ASSETS: \$ _____

APPLICANT'S PLACE OF EMPLOYMENT _____

PLEASE LIST BROTHERS AND SISTERS NOW ATTENDING SCHOOL OR COLLEGE

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I DECLARE THAT I HAVE READ THE ABOVE STATEMENTS AND THAT TO THE BEST OF MY KNOWLEDGE THEY ARE COMPLETE AND ACCURATE

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN _____

Please write a paragraph on what receiving this scholarship in Beth's name would mean to you.
Mrs. Stenmon will review your portfolio and answer any questions you may have