

FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP APPLICATION

APPLICANT DATA

APPLICANT'S FULL NAME: _____ DATE: _____

MAILING ADDRESS: _____

BIRTH DATE: _____ TELEPHONE: _____ CELL: _____

EXTRACURRICULAR ACTIVITIES & INVOLVEMENTS

<u>ACTIVITY</u>	<u>DATES INVOLVED</u>	<u>OFFICES HELD, AWARDS, HONORS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* A separate list may also be submitted if applicant is unable to list activities in the space provided.

WORK EXPERIENCE

EMPLOYER	POSITION HELD	DATES OF EMPLOYMENT	HRS. WORKED PER WEEK
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE/ UNIVERSITY DATA

SCHOOLS WHERE YOU HAVE APPLIED OR ARE PLANNING TO APPLY:

NAME: _____ ACCEPTED: _____
NAME: _____ ACCEPTED: _____
NAME: _____ ACCEPTED: _____

TOUCHED BY CANCER: _____ APPLICANT _____ PARENT _____ GRANDPARENT _____ OTHER

STATEMENT OF FINANCES

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____
PLACE OF EMPLOYMENT: _____

MOTHER'S NAME: _____ OCCUPATION: _____
PLACE OF EMPLOYMENT: _____

OTHER DEPENDENT CHILDREN IN FAMILY (PLEASE LIST NAME, AGE AND GRADE IN SCHOOL):

FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP APPLICATION

APPLICANT NAME: _____

STATEMENT OF FINANCES (contd.)

FAMILY'S TOTAL YEARLY INCOME (AFTER TAXES)	\$ _____
MORTGAGES AND OTHER LOANS	\$ _____
COLLEGE EXPENSES OF OTHER CHILDREN	\$ _____
EXPENSES OF CARING FOR AGED OR DISABLED FAMILY MEMBERS	\$ _____
OTHER MAJOR FINANCIAL RESPONSIBILITIES	\$ _____

PLEASE EXPLAIN _____

In order to further verify your financial information, please send copies of the following items with this application. Without supporting documentation we will be unable to process your application:

- Your FAFSA- Student Aid Report (SAR) showing your EFC Code.

If there are any special circumstances affecting your ability to pay for and/or attend college, please feel free to share that with the FFC Scholarship Committee.

I acknowledge, by signing below, that the information given herein is true and correct and I authorize FFC to verify this information for the purpose of assessing financial need.

PARENT OR GUARDIAN'S ENDORSEMENT

I (NAME) _____, THE PARENT/GUARDIAN OF THE ABOVE APPLICANT FOR A SCHOLARSHIP, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, AND BELIEF, THE FOREGOING STATEMENTS ARE COMPLETE AND CORRECT. I APPROVE THE APPLICANT'S APPLICATION FOR THIS SCHOLARSHIP.

DATE: _____ SIGNATURE: _____

STUDENT'S ENDORSEMENT

I (NAME) _____, THE ABOVE APPLICANT FOR A SCHOLARSHIP, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, AND BELIEF, THE FOREGOING STATEMENTS ARE COMPLETE AND CORRECT. I APPROVE THE APPLICATION FOR THIS SCHOLARSHIP.

DATE: _____ SIGNATURE: _____

**** Please remember to attach your essay, recommendations, and all other requested documents or your application will be considered incomplete and will not be considered. ****