



F.O.R. SCHOLARSHIP FORM

Control Number _____ (to be filled in by the Committee). All information contained in this application is strictly confidential and is to be used only by the Scholarship Committee. It is neither intended for public viewing nor for public record.

Applicant's Information (Please print or type all information.)

Name (Last) _____ (First) _____ (MI) _____

Mailing Address _____

City _____ Zip Code _____

Email Address _____

Home Phone Number (area code + number): _____

Cell Phone Number (area code + number): _____

Parents' Names

Father _____ Cell: (____) _____

Mother _____ Cell: (____) _____

Father's Email: _____

Mother's Email: _____

To the best of my knowledge, the information given on this application is completely true. If requested, I agree to supply documentation and/or verification of said content. In the event that any of the information is found to be false, I understand that this can result in an immediate revocation of my candidacy for this scholarship.

Applicant's Signature _____

Date _____

It is the policy of the South Bay F.O.R.'s Scholarship Committee to contact each applicant to verify receipt of his or her application, and to establish an appointment for an interview. If within 2-3 weeks after submitting an application, there has been no response by the committee, it is recommended that the applicant contact the committee directly. (Contact information included on the instruction sheet) The South Bay F.O.R. shall not be held liable or responsible for lost or delayed mail, nor for mail with insufficient postage. Applications will not be accepted by email or fax.



Control Number _____ (Committee use only)

Section VII – Awards

Please list any special awards you have received during high school.

<u>Award Description</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section VIII – Letters of Recommendation**

Two (2) signed letters of recommendation are required. One must be from a qualified, active school official (teacher, administrator, counselor) and the other from a non-relative (coach, minister, supervisor, etc.). Please provide the names of the two adults and their titles that are submitting the letters of recommendation on your behalf.

Name: _____ Phone No: (____) _____

Title: _____ School: _____

Name: _____ Phone No: (____) _____

Title: _____ Organization: _____

*** Please make sure that the letters of recommendation are received by the committee no later than the deadline given. You may want to personally pick up each letter in a sealed envelope and turn them in with your application.*

Completed Application Checklist:

- 2 signed Letters of Recommendation
- Official High School Transcript (9th-12th grade 1st semester)
- Completed Application (Print a copy to sign and send)
- Permission to Use Image Form (Signed by both parents if under 18 years of age)
- Senior Photo (wallet size)