



Krewe of St. Andrews, Inc.

SCHOLARSHIP APPLICATION

Submitted completed form to:

P. O. Box 16791

Panama City FL 32406-6791

Name _____ Date _____

Address _____

Phone # (____) _____ E-mail: _____

Age ____ Sex: M ____ F ____ Disabled? Y ____ N ____ If yes explain _____

Marital status: Single ____ Married ____ Divorced ____ Separated ____ No. Of Children ____

Names and ages of dependent children _____

Are you a U.S. citizen? Y ____ N ____ If not, are you here legally? Y ____ N ____ Status? _____

Employment History

Please provide a brief work history beginning with your current employer:

<i>Employer</i>	<i>Location</i>	<i>Positon held</i>	<i>From</i>	<i>To</i>	<i>Reason for leaving</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name of current supervisor or manager: _____ Tel: (____) _____

Education: HS Grad Y ____ N ____ GED ____ Name of HS _____

Other: ____ Explain: _____ Date completed HS or GED _____

Previous college experience: Y ____ N ____ If yes, complete the following information:

<i>College</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Course of Study</i>	<i>Degree obtained</i>	<i>GPA</i>
_____	_____	_____	_____	Y ____ N ____	_____
_____	_____	_____	_____	Y ____ N ____	_____

Scholarship Information

College where you are applying _____ Location _____

Are you currently enrolled? Y___ N___ Date started or accepted _____ PT ___ FT ___

Degree pursued _____ Expected graduation date _____

Total credits required for degree _____ Credits already earned to date _____

Estimated annual expenditures for school: Tuition \$_____ Books: \$_____ Other: \$_____

Amount Requested for scholarship: \$ _____ How are you currently paying or expecting to pay for your educational expenses? _____

What other sources of income are you receiving to pay for school expenses?

Scholarships: _____ Pell Grants: _____ Student loans: _____ Grants: _____ Other: _____

Please explain and list amounts: _____

List other scholarship applications or sources of assistance for which you are applying but have yet to receive approval _____

Financial Information Please provide the following sources and amounts of your family income

Employment \$_____/mo Rent subsidy \$_____/mo Food stamps \$_____/mo

Alimony or child support \$_____/mo Soc Sec or disability payments \$_____/mo

Other sources of income \$_____/mo \$_____/mo Explain _____

If married, spouses occupation and place of employment: _____

_____ Spouse's income \$_____/month

Total family income from all sources: \$_____/mo Why do you need financial assistance?

What are your career goals and objectives? _____

Have you participated in any charitable or community service activities? Y ____ N ____

If yes, please list: _____

Have you ever served in the military? Y ____ N ____ If yes, provide the following data:

Branch: _____ **Dates served:** _____ **Highest rank held:** _____ **Type of discharge:** _____

Have you ever been convicted or pleaded nolo contendere of a felony or capital crime in the United States or any other country? Y ____ N ____ If yes, explain: _____

Is there any other information you would like the Scholarship Committee to consider when reviewing your application?

Attestation

I hereby attest that the information provided in this application is true and correct to the best of my knowledge and contains no significant omissions of fact. I understand that the information contained herein has been voluntarily submitted and will be made available to authorized members of the Scholarship Committee of the Krewe of St. Andrews solely for the purpose of evaluating my request for a scholarship and for no other purpose.

_____ Date _____

Signature of Applicant

For Scholarship Committee use only:

Date Received _____ Date candidate interviewed _____

Disposition of committee: Approved ____ Disapproved ____ Amount awarded:

\$ _____

Comments: _____

Chairperson: _____