



S. Frank Straus Memorial Scholarship Program

SCHOLARSHIP APPLICATION Section I

Expect to enroll in:

_____ College _____ Session

Name of Applicant: _____
(Please Print) Last First Middle

Home Address: _____
Street City State Zip

Present Address: _____
Street City State Zip

Phone Number: _____ Email address: _____

Date of Birth: _____ Social Security #: _____

School now attending - an official transcript of your high school or college grades must be included.

High School: _____
Name and Location

Graduated: _____ or will graduate: _____

Class Rank: _____ S.A.T. Score: _____ When Taken? _____

Have you been accepted at or are you attending a college? _____ Give name and location.

Major: _____ Degree: _____ Semester hours completed if any: _____

Extracurricular activities, including honors and awards:

Athletics: _____

What is your work experience?

Why do you wish to continue your education?

Are you applying for any other scholarships?

Scholarship _____ Value \$ _____

Scholarship _____ Value \$ _____

Have you received any scholarships? _____ Value \$ _____

Comments you would like to make:

Confidential letters of reference from at least three (3) people not related to applicant, including applicant's high school principal or guidance counselor and one from your employer or sponsor, if applicable, shall be filed with this application. These letters should give very specific information with regard to the applicant's character, personality, and ability.

Please enclose an essay consisting of no more than 500 words on what you consider your most significant achievement and what impact you hope to have on the world.

Enclose an OFFICIAL TRANSCRIPT of your High School and/or College work with this application.

I certify to the correctness of the above information and, if selected, agree to furnish a transcript of my grades and standing in class to the Scholarship Committee at the end of the semester. I am applying for this scholarship under the VPCGA membership of:

Business _____

Address _____

Date of Application _____

Signature of Applicant _____

Section II

(To be completed and signed by parent or guardian)

Parents (If either or both parents are deceased, so indicate)

Father/ _____
Male Name Age
Guardian

Address

Occupation Employer

Mother/ _____
Female Name Age
Guardian

Address

Occupation Employer

Brother(s): Number: _____ Age(s): _____

Sister(s): Number: _____ Age(s): _____

What do you expect your annual expenses to be? \$ _____

Amount parents/guardian can provide annually toward applicant's college expenses: \$ _____

Amounts that may be available annually from other sources:

Other Relatives \$ _____

Trust Funds \$ _____

Student's Savings \$ _____

Student's Employment \$ _____

Other \$ _____

Date

Signature of Parent or Guardian