Fairfield Union Education Association (F.U.E.A.) Scholarship Application

Deadline: <u>March 31, 2022</u> Return to Mrs. Cupp at FUHS

Part	<u>1:</u>	App	<u>licant</u>	Informatio	<u>on</u>

Name				Date	Age		
	st, Middle, a				-		
Date of Birth					M	F	
	Month	Day	Year				
Address							
Numbe	r	Street		City	State	Zip Code	
Phone #	hone #E		Email				
Part 2: Family I	nformation	(provide th	ne following	informatio	n where applic	able)	
Father/Stepfath	ner/Guardia	an:	-				
Name:			Place of E	mployme	nt		
Address:							
	Ot -	eet	City		State	Zip Code	
Numb	er Str		•				
Numb Day phone:			•				
Numb			•				
Numb Day phone:	other/Guarc	lian:			ient		
Numb Day phone: Mother/Stepmo Name	other/Guarc	<u>lian</u> :	Place of		ient		
Numb Day phone: <u>Mother/Stepmo</u> Name Address:	other/Guarc	<u>lian</u> :	Place of		nent State	Zip Code	
Numb Day phone: Mother/Stepmo Name Address: Numbe	er Str	<u>lian</u> :	Place of				
Numb Day phone: Mother/Stepmo Name Address: Numbe Day phone:	er Sti	<u>lian</u> : reet	Place of City	Employm	State	Zip Code	
Numb Day phone: Mother/Stepmo Name Address: Numbe Day phone: Names and age	er Stress of other	<u>lian</u> : reet children in	Place of City	Employm	State	Zip Code	
Numb Day phone: Mother/Stepmo Name Address: Numbe Day phone: Names and age	er Stress of other	<u>lian</u> : reet children in	Place of City	Employm	State	Zip Code	
Numb Day phone: Mother/Stepmo Name Address: Numbe Day phone: Names and age Number of fam	er Stress of other	dian: reet children in rs are pres	Place of City	Employm y:	State	Zip Code	
Numb Day phone: <u>Mother/Stepmo</u> Name Address:	er Str es of other ily member finance yo al <u>gross</u> inc	dian: reet children in rs are pres our educati come(s) of	Place of City your famil ently in col on? the head(s)	Employm	State	Zip Code	

Part 3: Educational Infe	ormation		
Please complete as ap	plicable. Make addition	al copies of this p	age if needed.
This page lists myHig	h School Activities	Post Secondary	
ActivitiesOther	(expla	ain)	
1			
What college have you	accepted to attend?	Name	<u></u>
		INAITH	;
Address:	City	State	Zip Code
Anticipated start date:			
What will be your majo	or(s) and/or minor(s)?		
What will be your maje			
Attach your high scho	ol transcript to your ap	plication!	
1. School Activities (lis			
2. Community and Chu	urah Aativitiaa (liat aaha		
2. Community and Chi	<u>irch Activities (list scho</u>	<u>oli year(S))</u>	
3. Awards and Honors	<u>(list school year(s))</u>		
A Work Experience (lie	t naturo of work position	datas of amploym	ont and average
4. <u>work Experience</u> (iis hours/week)	t nature of work, position	, dates of employin	ient, and average

Will you receive any type of financial assistance from your college or any other source(s)? _____ If yes, list source(s) and amount(s) known at this date:

Part 4: Short Answer Questions:

Answer the following questions on separate sheet(s) of paper and attach to this application form. Please <u>print or type.</u>

- 1. Discuss your educational/career plans and goals. Why you have chosen your particular field or major, <u>and</u> why do you feel this is a good choice for you?
- 2. Why do you feel you need this scholarship?
- 3. What would receiving a scholarship from Fairfield Union staff mean to you?
- 4. Is there additional information that you feel may assist the Scholarship Committee in making its decision?

The signatures below serve as certification that all question have been answered truthfully and grant permission for the school to release to the Fairfield Union Education Association Scholarship Committee any official school records of the applicant, and for the use of the applicant's name, picture, pertinent information, etc. as a means of publicity for the applicant and/or the Scholarship Fund.

Signature of Applicant

Date Signed

Signature of Parent/Guardian

Date Signed

**DO NOT FORGET TO ATTACH YOUR TRANSCRIPT TO YOUR APPLICATION! **