

Scholarship Application

Name _____

(Complete Name: First, Middle and Last name)

Date of Birth _____ Phone:_(_____)_____

Check one:

Biological/Adoptive _____

Foster _____

TFFA Member Parent's Name _____

Current Mailing Address _____

High School _____

Extra-curricular activities and honors

Organization/activity Years and Honors and/or Offices held

Civic/Community Activities

What school of higher learning do you plan to attend? _____

Do you have a specific field of study you are interested in pursuing? _____

Finances

Are you eligible for

Social Security? _____ Amount ? _____

Junior GI Bill? _____ Amount ? _____

Gov. Compensation? _____ Amount ? _____

Will your biological/adoptive or foster parents contribute financial aid toward your education?

If yes, indicate approximate amount _____

Which scholarships and grants have you applied for? _____

Which Scholarships have you received? _____

Do you plan to live at: home? _____ Apartment? _____ Dorm on campus _____

Do you plan to work while enrolled as a student? _____ Explain _____

Please include any additional information that might influence our decision to award this scholarship

I understand if I falsify or delete any information it could result in the delay or denial of this Scholarship award.

Signature _____

Date _____

Mail completed application by December 31st to

TFFA Scholarship Application

c/o Jennifer Studdard

9211 FM 711

Center, Texas 7593

936-275-3547

903.275.3547

JStuddard@tellcon.net