

**ST. ALBANS HIGH SCHOOL – BFA ALUMNI
IRREVOCABLE SCHOLARSHIP TRUST FUND**

APPLICATION

Preference shall be given to needy and worthy students who evidence a desire and ability to pursue post high school education and who have shown outstanding extra curricular activities.

NAME: _____ DATE OF BIRTH _____
HOME ADDRESS: _____
PHONE NUMBER: _____ CLASS RANK (to be filled out by the Guidance office): _____

EDUCATION

- O Where do you plan to continue your education? _____
- O How many years will it be? _____
- O Have you applied? _____ been accepted? _____ waiting to hear? _____
- O What are your professional or occupational ambitions? Please include any information which you feel could be helpful to the scholarship committee.

PARENT/GUARDIAN INFORMATION:

Marital status: Married Divorced Single

OCCUPATION OF PARENTS/GUARDIANS

Father/Guardian: _____
Mother/Guardian: _____

Please list all family members currently enrolled in a university/college. Also include yourself and any parent.

Number of children 18 or younger living at home _____

FINANCIAL INFORMATION

- O Total School Budget Cost for one year: \$ _____
- O Estimated Income for the one year
 - > Assistance from Student, Parents and Family: \$ _____
 - > Scholarships & Grants if known: \$ _____
 - > Trust: \$ _____
 - > Non Taxable Income: \$ _____
 - > Other Income/Support: (i.e., Child Support) \$ _____
 - > explain: _____
- O Comments you may wish to make about any special circumstances that may directly effect your ability to attend.

***The following financial information is required to be considered for a scholarship.**
Financial information (from income tax form on which the student is being claimed)

- * Total Adjusted Income: (line _____ form _____) \$ _____
- * Taxable Income: (line _____ form _____) \$ _____
- * Non Taxable Income: \$ _____
(i.e., Vt. municipal income, disability insurance, child support)

O Please provide 7 copies of this application and your school transcripts.

I have read over my answers to the information requested in this application and affirm that to the best of my knowledge and belief they are correct.

Signature of Applicant

Signature of Parent/Guardian

(The information provided on this form will be kept confidential and will only be used by the BFA Alumni Scholarship committee to determine scholarship eligibility based on need.)