



SVEF Scholarship Application Form

Name of scholarship: _____

Applicant Name: _____

Applicant Address: _____

Applicant Email: _____

Applicant Phone # Home: _____ Cell: _____

High School Attended: _____

Class Size: _____ Rank in Class: _____ Academic GPA: _____

Colleges to which you have been accepted:

College you plan to attend: _____

Estimated yearly cost of the college of your choice: _____

(Include tuition, room, board, books, transportation, and misc. fees)

Please feel free to use additional pages to answer questions completely.

Explain your post-high school educational goals.

Briefly describe your career goals.

List your work experience. Provide the name of your employer, your supervisor, your job title, and employment dates.

If you work now, what percentage of your salary goes for family costs? _____
for college costs? _____



List your extracurricular and community activities. Provide activity name, any offices/leadership positions held, and length of involvement.

Family Data and Financial Information

Father's occupation: _____

Mother's Occupation: _____

Number of Siblings: _____ Ages of Siblings: _____

Number of siblings attending college next year: _____ What percentage of their college costs are paid by scholarships?

How do you plan to finance your education? Do you and your family have an educational savings account or endowment that you will use for your education?

Do you intend to work while you are in school? _____ List other sources of financial support you may receive.

Source _____ Amount _____

Source _____ Amount _____

Have you applied for financial aid? _____

Will you be applying for financial aid, grants or work study?

In applying for this scholarship and if chosen as the recipient, you will therefore be giving permission allowing the SVEF to release your name to the various media sources i.e., websites and newspaper publications used by the SVEF, unless otherwise stated on this application.

Applicant Signature (for approval):

Date: _____