

UNUSUAL FAMILY CIRCUMSTANCES WHICH MAKE AID NECESSARY:

EXPECTED INCOME OF APPLICANT FOR ACADEMIC YEAR

- 1. Present savings \$ _____
- 2. Amount from parents, friends, relatives, etc., as a gift \$ _____
- 3. Amount from friends, relatives, insurance, clubs, etc., as a loan \$ _____
- 4. Expected summer earnings \$ _____
- 5. Expected earnings during this college year \$ _____
- 6. Other (grants, loans, or work-study) \$ _____
- 7. Scholarships anticipated \$ _____
- 8. TOTAL \$ _____

9. Please estimate the costs of the school you wish to attend:

- TUITION \$ _____
- FEEs \$ _____
- BOARD \$ _____
- ROOM \$ _____
- BOOKS \$ _____
- OTHER (transportation, etc.) \$ _____
- TOTAL \$ _____

REFERENCES: Please name three responsible people who can be contacted as references.

Name: _____ Position: _____
Address: _____ Phone: _____

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WHAT ARE YOUR EDUCATIONAL AND CAREER OBJECTIVES?

TELL US HOW THE SCHOOL YOU HAVE CHOSEN WILL HELP YOU REACH THOSE OBJECTIVES -

SCHOOL: Name: _____
Address: _____
Phone: _____

(Please attach letter of acceptance)

You are encouraged to reapply each year as the L.E.A.F. scholarship is an annual award.

Date: _____ Signature: _____

(Do not write here)

Action by Education Committee

_____ Date: _____