

SEABROOK COMMUNITY FOUNDATION
Scholarship Program – Application Form

Last name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate _____ Phone Number: _____

Email address: _____

Graduating High School: _____ Graduation Date: _____

Cumulative High School GPA: _____

Name, address of college or tech school you will be attending:

College or Tech School Bursar or contact information:

Admissions contact: _____

Email: _____

Phone: _____

Plan of Study, Career plan:

High School Honors and Awards: _____

School Activities, Leadership: _____

Community Activities, Leadership: _____

Additional Pages may be attached.

SEABROOK COMMUNITY FOUNDATION
Scholarship Program – Financial Information

Last name: _____ First Name: _____

Father's Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Yearly Income: _____

Mother's Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Yearly Income: _____

Number of siblings living at home: _____ Ages of siblings: _____

Have any siblings having previously attended college or tech: _____

Are any siblings currently attending college or tech: _____

Will your parents provide expense money while you are at school? _____

Mark the line below that most accurately fits your parents' annual adjusted gross income:

Under \$25,000	_____	\$25,000 - \$50,000	_____
\$50,000 - \$75,000	_____	\$75,000 - \$100,00	_____
Over \$100,000	_____		

Do you currently have a job? _____ If so, what is your annual income? _____

Will you be working to pay expenses while at school? _____

If there are special circumstances affecting your financial situation, what are they?

I certify that all information herein stated above, are true, complete, and accurate.

Date: _____ Signature of Applicant: _____