Deadline April 26"

APPLICATION FOR MARY SANTELLA SWART SCHOLARSHIP FUND 2024-2025

| Name: | | | | (last) | | |
|--|------------------------|---------------------------------------|------------------------------|-----------------------------------|--------|--|
| | (first) | (middle) | | • | | |
| Email Addre | | | | Date of Birth: | | |
| in the second | | | | Telephone Number: | _ | |
| Address: | | | (State) (Zip) | 1 cicphone (tames | | |
| (# | & Street) | (City) | (State) (Zip) | | | |
| Desidence for t | he past two years | } | | | | |
| From | То | · · · · · · · · · · · · · · · · · · · | Addres | <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | _ | Annual | |
| | | Ago | Present Occupation | Where Employed | Income | |
| Family Status: | Name | Age | Tresent o da | | | |
| Father: | | | | | | |
| Mother: | | | | | | |
| Sibling: | | | | | | |
| Sibling: | | | | | | |
| Sibling: Sibling: | | | | | | |
| Sinung. | | | | | | |
| Father's home | e address: | | | | | |
| Mother's hon | ne address: | | | | | |
| List all other | income of narent | 'S: | | , • • | | |
| List all other income of parents: Parent Source | | | Sources(s) | Annual Income | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | wo schóols you a To | ttended: | e of School | Location | | |
| From | | Name | OI DEROO! | | | |
| | | | | | | |
| | | | | | | |
| What course | of study do you i | intend to nursue a | nd what profession or oth | ner vocation do you intend to pra | ctice? | |
| TY IIME COURS | or grady do you | | | <u> </u> | | |
| | | W 8 - | | | | |
| | | | | | | |
| To what sch | ools have you app | plied for admissio | n? (In order of choice, if a | eccepted, please state) | | |
| | | | | | | |
| | | | | | | |
| In what extr | a-curricular acti | vities have you pa | rticipated? | | | |
| | 4.0 | | | | 1 | |
| | | | | | | |
| What honor | s or awards have | you received in se | chool? | | | |
| _ | | - | | | | |
| | | | | - | | |

| What are your activities and hobbies outside of school? For what other scholarships have you applied? (If award has l | peen made, please state.) |
|---|--|
| For the school you attend or plan to attend, please list the app | roximate costs per year: |
| | • |
| Name of School: | Annual Tuition \$ Room and Board \$ Books, Clothing, etc. \$ |
| | Miscellaneous \$ Total Annual Cost \$ |
| Indicate below the sources of income you anticipate for meeti (a) Financial assistance from parents/relatives | ng your annual cost as above: \$ |
| (b)Applicant's total savings \$ | \$ |
| (c) Earnings expected during school year (if permissible by school authorities) | \$ |
| (d) Earnings from summer employment \$ Amount to be used during school year | <u>\$</u> |
| (e) Other scholarships (f) All other sources (including loans) | \$ |
| Total annual income anticipated | <u>\$</u> |
| | \$ |
| What is your previous work history? | |
| Do you expect to be employed this summer, and if so, where | |
| I hereby certify that I understand that any funds of Bank of America as Trustee for the Mary Santella Swart S be paid directly to me. It is my understanding that (1) if the best sandiageneral and a sandiageneral | nade available to me as a result of this application will be paid by scholarship Fund directly to the school which I attend and will not is scholarship is awarded on my behalf the funds will be applicable (2) that I will be able to reapply for additional funds in future. I Swart Scholarship Fund Committee with the assurance that the |
| Date: Signature of App | licant |
| CERTIFICATION O We hereby declare that we have read the answers contained our knowledge and belief: | F PARENTS OR GUARDIAN I in this application and that they are true and correct to the best of |
| Signature of Father Date Signature of Mot | her Date Signature of Guardian Date |
| Attention | nt's, if one is filed, latest federal income tax return. Area High School |

RE: Mary Santella Swart Scholarship Fund