COUNCIL 82
2019 JOHN F. FINN MEMORIAL
SCHOLARSHIP PROGRAM APPLICATION

1) Applicant's Age: _____

2) Applicant's Address: _____
Street City State Zip

3) Present High School: _____

4) Educational Program Planned: 4 year _____ 2 year _____

5) Which recognized college or university do you plan to attend?

_____

6) Have you made formal application to that institution? Yes _____ No _____
If so, have you been accepted? Yes _____ No _____

7) What are your ultimate vocational plans? _____

8) Father's occupation: _____

Mother's occupation: _____

Council 82 Local Number under which you are eligible for this scholarship: **Local** #_____

9) Total **household** income (before taxes) for the past year: $ _____

10) Answer the following questions concerning yourself only:
- Have you helped yourself by earning money? Yes _____ No _____
- How much have you saved in the past 12 months? $ _____
- Will you work this summer? Yes _____ No _____
If no, explain reason why not _____
- Please specify other sources of financial assistance that you have obtained:

_____

_____

I certify that all information on this application is accurate to the best of my knowledge, and I understand that false information will lead to my disqualification from this program.

= =

Applicant's Name: (**please PRINT**) _____

Applicant's Signature: _____

Parent/Member's Name: (**please PRINT**) _____

Parent/Member's Signature: _____

Parent/Member's Work Facility: _____