

Fremont Ross Alumni and Friends Scholarship

Due Date: March 31st

Name: _____ Personal Email: _____

Address: _____
City State Zip Code

Parent/Guardian: _____ Phone: _____

1. Where do you Plan to attend school next year? _____

2. List activities in which you participated in high school years.

Activity	Grade Level(s)	Honors

3. Out of school activities in which you participated throughout high school years.

Activity	Grade Level(s)	Honors

4. Please write a brief essay on your current career goals and what you hope to achieve as a young adult (100-150 words maximum. Use back, if necessary.)

5. What is the plan for the money, if awarded? i.e. tuition, housing, books, etc.

6. Briefly describe any financial circumstances that make it challenging for you to afford higher education.
7. How would receiving this scholarship help you overcome financial barriers and pursue your educational goals?
8. Do you have any special circumstances or challenges you have overcome that you would like to share?
9. Please attach a copy of your SAR (Student Aid Report).
10. Number of students in your household that will be attending college for the next school year.
- _____

11. I, _____ (please print), grant permission to Fremont Ross Alumni and Friends Scholarship Fund and its agents the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Fremont Ross Alumni and Friends Scholarship Fund and its legal representatives for all claims and liability relating to said images or video.

Applicant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of registration to the school listed above. I give permission to selection committees to review information on this form, my registration, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact college officials for additional information if needed. **If chosen for this scholarship award, I am aware that Fremont Ross Alumni and Friends Scholarship Fund will make a direct payment to the Institution to where I am registered.**

Applicant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____