

# Application Form For Fred Elliott Scholarship

Due to Jerri Hughes, High School Counselor by  
**April 28, 2017 at 4:00 p.m.**

Minimum requirements for application:

FFA or 4-H Member

Franklin High School Senior

B average or higher

Please Print or Type all Information

**FAMILY INFORMATION:**

Full Name of Applicant: \_\_\_\_\_ M or F

Name You Prefer to be called: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Number and ages of Brothers: \_\_\_\_\_, of Sisters: \_\_\_\_\_

Number of siblings in college now: \_\_\_\_

**ACADEMIC INFORMATION:**

Name of High School: \_\_\_\_\_

Number in your graduating class: \_\_\_\_\_ Your rank: \_\_\_\_\_

Are you Class Valedictorian? \_\_\_\_ Salutatorian? \_\_\_\_

Your scholastic average for four years \_\_\_\_\_

**ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT**

Were you in honors or advanced classes? \_\_\_\_

If answer is “yes”, please list these courses in space provided:

---

---

List institutions you plan to attend by order of your choices and whether or not you have been accepted.

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

SAT score verbal \_\_\_\_\_

National percentile rank \_\_\_\_\_

SAT score math \_\_\_\_\_

National percentile rank \_\_\_\_\_

ACT score \_\_\_\_\_

National percentile rank \_\_\_\_\_

What is your planned major in college? \_\_\_\_\_

In the space provided below, please describe in 75 words or less, in your own words, why you want to be a recipient of the Fred Elliott Scholarship, and any other abilities you have that were not previously mentioned in this form.

Are you a member of 4-H? \_\_\_\_ FFA? \_\_\_\_

Name of Club or Chapter (or both): \_\_\_\_\_

**ACTIVITIES, HONORS, AWARDS OUTSIDE OF 4-H AND FFA**

**HIGH SCHOOL ONLY**

In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition, please indicate years achieved. Ex: National Honor Society -1,2,3,4

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES:**

In the space below, please outline other clubs or activities in which you have participated indicating any leadership positions or offices held.

---

---

---

---

---

---

---

---

---

---

---

**COMMUNITY ACTIVITIES:**

In the space below, please outline any other activities in which you participate, indicating any special recognition you might have received. For example: church activities or community service projects.

---

---

---

---

---

**WORK ACTIVITIES:** Describe your work activities.

---

---

---



**FINANCIAL INFORMATION:**

Are you applying for other scholarships or for loans? \_\_\_\_\_

If answer is “yes”, please list names, amounts and indicate if you have received confirmation of any other financial assistance. Indicate status as Pending, Confirmed, or Rejected.

<u>Name of Scholarship or Loan</u>	<u>Amount</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle the amount that best described your family’s annual gross income:

- |                      |                      |
|----------------------|----------------------|
| Less than \$10,000   | \$50,001 to \$60,000 |
| \$10,001 to \$20,000 | \$60,001 to \$70,000 |
| \$20,001 to \$30,000 | \$70,001 to \$80,000 |
| \$30,001 to \$40,000 | \$80,001 to \$90,000 |
| \$40,001 to \$50,000 | \$90,001 or greater  |

Please list any specific reasons why you need financial assistance to attend school:

---

---

**4-H and/ or FFA Participation.** Please list in chronological order starting with most recent.

High School Only.

I hereby certify that the statements contained in this application are true, accurate and complete and I have attached a copy of my transcript.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_