SAFADI FAMILY FOUNDATION
Scholarship Application

Date of Application:

Please **type** or **print** your answers. If application is illegible it will be returned to you.

1 Last Name: First Name:

2 Mailing Address:
Street: _____
City: _____ State: _____ ZIP: _____

3 Daytime Telephone Number: _____

4 Date of Birth: Month: _____ Day: _____ Year: _____

5 Are you related to any SFF Board of Directors or staff? Yes ◯ No ◯

6 Current High School or Current College/University: _____ Number of years attended: _____

7 I will be attending the following school:
Date: _____
Name of school: _____
Proof of acceptance or current student enrollment from the above school is required prior to funds being released to the college or university.

8 I will be entering the above-mentioned school as a: (Choose one):
Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯

9 Grade Point Average (GPA): _____ (On a 4.0 scale)
Attach proof of GPA. Your most recent official school transcript required.

10 Have you taken the
ACT Exam? **Yes** ◯ **No** ◯ If no, when do you plan to take the exam: _____
SAT Exam? **Yes** ◯ **No** ◯ If no, when do you plan to take the exam: _____

11 Name & address of parent(s) or legal guardian(s). Use reverse side of application if you need more space.

Name(s) _____

Street: _____

City: _____ State: _____ ZIP: _____

12 Name of other high schools attended: Number of years attended:

_____ _____
_____ _____

13	List the name of any college you have attended.		Year Began	Year Ended	Year Graduated (If Applicable)	Type of Degree Received (If applicable)
	A.					
	B.					
	C.					

14	What specialty/major do you plan to major in as you continue your education?

15	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)			
	A.	Tuition	Amount: $	
	B.	Books	Amount: $	
	C.	Room and Board	Amount: $	
	D.	Other expenses	Amount: $	Describe below under comments:
	Comments:			

16	List other financial assistance you will receive per semester or quarter: (Other financial assistance will not affect your scholarship eligibility).		
	A.	Personal:	Amount: $	
	B.	Other scholarships:	Amount: $	List below under comments
	C.	Grants:	Amount: $	List below under comments
	D	Student Loan(s):	Amount: $	List below under comments
	E.	Other financial resources	Amount: $	List below under comments
	Comments:			

17	List your academic honors, awards and membership activities while in high schools:

18	List your community service activities, hobbies, outside interests, and extracurricular activities:

19	**Personal Essay:** Please answer the following question: **What are your educational and professional goals and objectives?** Your answer should be typed. Please ensure your essay contains no grammatical errors.

20 A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.
B. Your application will not be considered if these items are not attached to this application. (No exceptions).
C. Choose "YES" or "NO" to be sure you have attached each item as required.

YES ◯	NO ◯	**Completed application**. All questions are answered completely.
YES ◯	NO ◯	**Letter to Scholarship Committee**. Not exceeding one (1) page. Must be typed.
YES ◯	NO ◯	**Two (2) Letters of Recommendation.**
YES ◯	NO ◯	**Proof of college acceptance or current student enrollment**. A **copy** of your college acceptance letter is required for receipt of funds.
YES ◯	NO ◯	**Most recent official high school transcripts**. Photocopies of your transcript are **acceptable**, if transacript is signed by a guidance counselor or principal.
YES ◯	NO ◯	**Personal Essay**. Must be at least 1-2 pages, typed, and double spaced. Please ensure your essay contains no grammatical errors.
YES ◯	NO ◯	**Community service hours**. Must be documented in the form of a letter on official letterhead from the agency the applicant completed their community service hours.

STATEMENT OF ACCURACY

I hereby affirm that all of the above state information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to the Safadi Family Foundation Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Signature of applicant's guardian/parent: _____ Date: _____