

**APPLICATION FORM**

**V. F. W. POST 8783 SCHOLARSHIP FUND**

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**WHAT PERCENT OF YOUR COLLEGE EDUCATION MUST YOU PAY YOURSELF?**  
**CIRCLE ONE.**      **100%**              **75%**              **50%**              **25%**              **0%**

**NUMBER OF BROTHERS AND SISTERS:** \_\_\_\_\_ **LIST THEIR AGES:** \_\_\_\_\_

**COLLEGE ENTRANCE TEST SCORE:**    **ACT** \_\_\_\_\_    **SAT** \_\_\_\_\_

**COLLEGE MAJOR:** \_\_\_\_\_

**APPROXIMATE HIGH SCHOOL AVERAGE:** \_\_\_\_\_

**LIST HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL:** \_\_\_\_\_

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**LIST ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL:**

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**WRITE A BRIEF STATEMENT TELLING WHY YOU WOULD LIKE TO RECEIVE THIS SCHOLARSHIP. USE THE BACK IF NECESSARY.**

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