

**ALLEGHANY COUNTY EDUCATIONAL FOUNDATION
MAIN SCHOLARSHIP APPLICATION**

Student Name: _____
LAST *FIRST* *MIDDLE*

Male _____ Female _____ Date of Birth _____

Street Address/PO Box _____

City, State, Zip _____

Father's Name _____
First *Middle* *Last*

Father's Place of Employment _____

Mother's Name _____
First *Middle* *Last*

Mother's Place of Employment _____

Number of family members in your household ____ Number enrolled in college next year ____

I primarily live with my: Father _____ Mother _____ Both _____

Name(s) of colleges or universities where you have applied or been accepted:

College Major/Future Plans: _____

Please list college scholarships you have received and amounts: _____

_____ I acknowledge that completing a scholarship application does not guarantee receipt of a scholarship.

Checklist:

To be eligible for all scholarships, the following documents are required to be submitted to the AHS Guidance Office, by Friday, March 3, 2017.

_____ SAR (Student Assistance Report) from FAFSA or Copy of pages 1-2 of most recent Income Tax Return

_____ Completed application (all questions answered)

_____ Activities and Honors (including high school volunteer hours)

_____ Personal Letter explaining need, special family circumstances, future plans

_____ Copy of college acceptance letter - *If not recieved to date, submit this to AHS Guidance Office as soon as possible*