**Fenton Art Glass Collectors of America (FAGCA)**

**Educational Scholarships (Application Form)**

**PLEASE TYPE OR PRINT**

**Personal Information:                                                                                               Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Telephone (including area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Educational Background:**

Please list all high schools and post-secondary schools you have attended:

School Name & Address                                                                          Years         Course of Study      Graduation Date

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Other Certificates or Degrees and Dates Received

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**Educational Goals:**

What are your educational and/or career goals? List examples of the types of courses you will take as well as degrees you will pursue to achieve your goals.

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**Financial Needs:**

What is your total anticipated financial need for this academic year?      Please be specific.

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How critical is this scholarship to you continuing your education?

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**Information regarding you and your activities:**

Briefly describe your community, school and work activities that would let us know more about you.

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OFFICE USE ONLY

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| DATE RECEIVED | RECEIVED BY | FOR REVIEW ON (NEXT MEETING DATE) |
|  APPROVED NOT APPROVED | COMMITTEE CHAIR SIGNATURE | CHECK MAILED (NUMBER/DATE) |