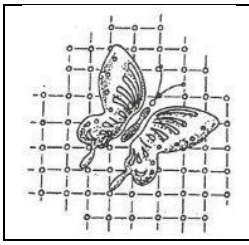

Fenton Art Glass Collectors of America, Inc.
Educational Scholarship Application Form

PLEASE TYPE OR PRINT

Personal Information: **Date of Application:** _____

Your Name: _____

Mailing Address: _____

City/State/Zip: _____

Day Telephone (including area code): _____

Email: _____Student ID Number_____

Your FAGCA Membership Number **OR** _____

Name of FAGCA Member You Are Related to_____

Educational Background:

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

School Name & Address Years Course of Study Graduation Date

_____

_____

_____

_____

_____

Other Certificates or Degrees and Dates Received

_____

_____

_____

_____

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.

_____

_____

_____

_____

_____

_____

_____

Financial Needs:

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

_____

_____

_____

_____

_____

How critical is this scholarship to you continuing your education?

Information regarding you and your activities:

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

NOTE: Include transcript of high school or college academic record, a short statement of interests and goals, and three letters of recommendation, one of which should be from outside the applicant's school. If you have previously been awarded a scholarship and are applying for another, please submit short report on your accomplishments.

LETTERS OF RECOMMENDATION: Must be on formal letterhead. Letters can be any professional, academic, or an employer. Also letters of recommendation can be from clergy. No letters should be from a family member.

OFFICE USE ONLY

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