



APPLICATION FOR F U., Inc. SCHOLARSHIP

F U., Inc., provides scholarships to students in Northwest Indiana and the Chicagoland areas.

Marcel Evans, Founder and President

Return Applications by Mail:

**F U., Inc. Scholarships
9543 Luebcke Lane
Crown Point, IN 46307**

Students must have their attending schools mail their transcripts along with a total of 3 letters of recommendations to F U., Inc. Scholarships at 9543 Luebcke Lane, Crown Point, IN 46307.

Two of the recommendations should be from teachers who know the students' work and one may be a personal reference, reflecting on the students' character and community work.

The recommendations from at least three people and the transcripts must be mailed and postmarked **no later than June 31, 2018**. Interviews will occur during the month of July 2018, either through phone or face-to-face.

I. Personal Data (Please **TYPE** or **PRINT** the following information)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Gender: Male _____ Female _____ Third Choice _____

Parents' Name: **Please give us the name of at least one of your parents or primary guardian.**

Parent's / Guardian's Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's / Guardian's Email: _____

Parent's / Guardian's Home Phone Number: _____

Parent's / Guardian's Cell Phone Number: _____

II. High School Attending: **Please type in the name of the high school you are currently attending.**

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cumulative GPA _____

Please write this number down in the following manner, e.g. 3.5 on a 4.0 scale.

SAT Scores _____

Date Taken	SAT - Evidence Based Reading & Writing	SAT Math
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter your most recent scores.

ACT Scores _____

Date Taken	ACT Score
<input type="text"/>	<input type="text"/>

Enter your most recent scores.

Intended Field of Study _____

By checking this box, you are stating that you will have graduated from high school by June 2017, and will be a first-time freshman in the Fall of 2017.*

Tell us the date you started high school. _____

Please check this box if you have earned the GED Diploma.

If you have earned the GED Diploma, please enter the date you tested and your score.

Date Tested: _____ Score: _____

III. School Activities

(Briefly describe the activity and include the length of time, total number of weeks, months or years you participated.)

IV. Community/Public Service Activities:
(Briefly describe the activity and include the length of time, total number of weeks, months or years participated.)

V. College Attending: _____

Have you been accepted? _____ YES _____ NO

If you could change anything negative or positive about the world, society or yourself, what would it be?

If there is anything you would not change negative or positive about yourself, society, or the world what would it be?

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE