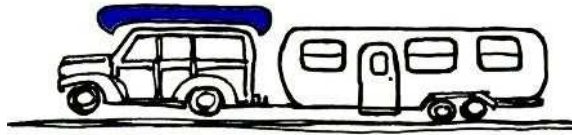


AMERICAN WANDERER



American Wanderer Foundation, Inc. Scholarship Application

Applicant's Name _____

Address _____

Social Security Number _____ Age _____ Home Phone _____

Applying for: Name of Program _____ Cost of Program \$ _____

General Information

Father

Mother

Name _____

Social Security Number _____

Occupation _____

Employer _____

Job Title _____

Income, Savings and Investments

201__ Estimated _____

Adjusted Gross Income _____

Savings _____

Investments _____

Real Estate _____

Campers total savings _____

School Information

Name of School _____ Grade _____ Telephone _____

Address _____

Expenses _____ Scholarship _____

Miscellaneous Information

How many family members currently live in the household? _____

Anticipated contribution to tuition: Parents _____

Grandparents _____ Other _____

How much assistance are you seeking? _____

Will assistance be needed to transport the applicant to and from the starting point and ending point of the program the camper would like to attend? _____

Explain any unusual financial circumstances such as uncommon indebtedness, dependents in college, high medical costs, additional dependents, etc.

What other information would you like us to know while making the decision on scholarship aid for this applicant?

We, the undersigned, have read the Scholarship Information, and certify to the truth of the statements made in this application.

Signed (Mother or Guardian) _____ Date _____

Signed (Father or Guardian) _____ Date _____

Instructions: This information is used by the foundation board to allocate scholarships. If you are uncomfortable or unable to answer any of the above questions just leave them blank. If the board has any questions they will contact you.

All information provided will be held in utmost confidentiality. Information will only be shared in physical form among board members and all electronic submissions will be converted to paper and deleted.