

GERALD AND VIRGINIA ROSE FOUNDATION

Application for Scholarship based upon Financial Need

APPLICANT INFORMATION

Name; last, first, middle:

Date of birth:

SSN:

Present age:

Permanent Home address:

City:

State:

ZIP Code:

Email Address

Home Phone

Cell Phone

HIGH SCHOOL (S) ATTENDED

School Name / Address

Years Attended:

Graduation date

Class Rank

School Name / Address

Years Attended

Class Rank

Have you already completed college level courses?

Credits accrued?

Certifications achieved?

Courses taken?

EXTRA CURRICULAR ACTIVITIES

AWARDS AND HONORS

TECHNICAL SCHOOL OR COLLEGE LEVEL PLANS

School to be attended:

City and State

Have you been accepted at more than one school? If so please list below

School

City

State

School

City

State

What is the school Calendar?
enrollment

Quarter

Semester

Trimester

One time

GERALD AND VIRGINIA ROSE FOUNDATION

Application for Scholarship based upon Financial Need

Field of study (terminology from school bulletin)

Career or Profession you are pursuing

How long will it take to complete your course of study?

Will you earn credit through a non- traditional program such as online classes?

If so please explain:

If you hope to attend a private or out-of-state school, or if your expenses will be higher than those required for in-state public institutions please explain why you should receive financial assistance below

Term and year you expect to start school:

Will you be employed during the school year?

If yes specify

How will you be spending your summers?

POST –SECONDARY EDUCATION

Have you already attended college or university, not including dual high school/college credit?

If yes please specify and attach transcript:

High school students please attach a current transcript (through seventh semester)

What ACT or SAT score did you attain?

WORK EXPERIENCE (MOST RECENT FIRST)

Employer	Job description	Date from/to	Hrs per week

PERSONAL AND FAMILY INFORMATION

Do you live with your legal guardian?

If No please explain

Please list and identify the adults living in your household:

GERALD AND VIRGINIA ROSE FOUNDATION

Application for Scholarship based upon Financial Need

Names and ages of siblings and other dependents living in your household

Do you have siblings attending college or technical school?

Name	School	Year in college

Father or legal guardian's Name: Living or date of death:

Occupation Employer

Employer's address & Phone

Mother or legal guardian's Name Living or date of death:

Occupation Employer

Employer's address & Phone

Home mailing address:

Home Phone and secondary email address

If you are married, spouse's name

Home mailing address if different from yours

Occupation Employer

What class, teacher or life experience most influenced your career and education plans?

How does your first choice of technical school, college or university fit with your plans for personal and professional development:

Gerald and Virginia Rose Foundation

Application for Scholarship based upon Financial need

What steps have you taken to prepare yourself for pursuing your intended career

Use examples of your service to family, community, or organizations to show you take the responsibility to serve seriously

Where do you see yourself in 5 years?

List up to 3 additional technical schools, colleges or universities to which you have applied:

I authorize The Rose Foundation to verify the information provided on this form by securing information from my school and from any other source as they may require in connection with this application, including, but not limited to: test scores and personal appraisals. I certify that to the best of my knowledge the information furnished above is true and complete without evasion or misrepresentation, and I recognize that such evasion or misrepresentation is sufficient cause for denial or cancellation of all financial assistance

Signature of applicant

Date

Gerald and Virginia Rose Foundation Application for Assistance
Confidential Summary of Need

Attach FAFSA financial summary and federal income tax returns

If school selection is still pending, you may photocopy this form and include alternate Estimated Yearly College-related Expenses for up to 3 additional institutions

Estimated Yearly School Related Expenses – use current published figures only

Student Name:	
SSN	
Name of intended educational Institution	
Father/Guardian Occupation	Annual income before Taxes
Mother/Guardian Occupation	Annual income before Taxes
Tuition & Fees	\$
Room & Board	\$
Books	\$
Travel	\$
Other	\$
TOTAL	\$

Estimated Yearly resources Available for School Expenses

529 College Invest	\$
Cloverdale	\$
Student savings	\$
Anticipated student earnings per year	\$
Total parental contribution per year	\$
Renewable Grants or discounts	\$
Renewable Scholarships	\$
Financial help from relatives/friends	\$
Other	\$
Total	
One time Grants or Scholarships?	\$

FAFSA complete?	Pending FAFSA?	Tax returns included?
-----------------	----------------	-----------------------

I certify that all information on this form is true and complete to the best of my knowledge.

Student Signature and date

Parent/Guardian Signature and date

