

Geraldine Bagley Foundation Scholarship

For Seniors at Mapleton and Siuslaw School Districts

I. Personal Information:

| | | | | | |
|---|------|-------|-----------------|---|---|
| Applicant's Name: | | | Gender: | M | F |
| | Last | First | Middle | | |
| Mailing Address: | | | Cell or Home #: | | |
| City/State/Zip: | | | Date of Birth: | | |
| Email address: | | | SSN: | | |
| Best method to contact Applicant: | | | | | |
| Father's Name: | | | Cell #: | | |
| Father's Address: | | | Home #: | | |
| Email address: | | | Occupation: | | |
| Mother's Name: | | | Cell #: | | |
| Mother's Address: | | | Home #: | | |
| Email address: | | | Occupation: | | |
| Guardian's Name (if any): | | | Cell #: | | |
| Guardian's Contact info: | | | Home #: | | |
| Best method to contact Parent/Guardian: | | | | | |

II. Education

| | |
|--------------|------|
| High School: | GPA: |
|--------------|------|

The following documents must be submitted with this completed application:

1. Grade Transcripts
2. SAT and/or ACT Scores
3. (1) Letter of Recommendation

Counselor's Signature: _____

III. References

| Name | Address | Relationship | Telephone |
|------|---------|--------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

IV. Colleges/Universities/Vocational Schools under Consideration by Priority

1. Institution Name: _____

2. Institution Name: _____

3. Institution Name: _____

Major Field of Study: _____ Expected Degree: _____

Career Goal(s): _____

V. Are you currently working, or have you worked during high school? Please give us details on place(s) of employment, duration, and type of work.

| Place | Duration | Type of Work |
|-------|----------|--------------|
| | | |
| | | |
| | | |

VI. Estimated Annual Cost of Education:

| | |
|---|----|
| Tuition and Fees | \$ |
| Room and Board | \$ |
| Books and Supplies | \$ |
| Transportation | \$ |
| Anticipated Personal Expenses (clothing, laundry, recreation, etc.) | \$ |
| Unusual or major expenses for which applicant is responsible | \$ |
| Total estimated financial need per year of college | \$ |

VII. Other Resources:

| | |
|------------------------------|----|
| Scholarship(s): | \$ |
| | \$ |
| | \$ |
| Loan(s): | \$ |
| | \$ |
| | \$ |
| Savings: | \$ |
| Family Financial Assistance: | \$ |
| Work/Study: | \$ |
| Employment: | \$ |
| Other: | \$ |

If family cannot assist financially, please explain:

Brothers/Sisters/others dependent on the family:

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |
| | | |

VIII. Please choose one:

- _____ College would not be possible without scholarship assistance.
- _____ College would be difficult without scholarship assistance.
- _____ College is not dependent upon scholarship assistance.

Please provide a brief (4 paragraph maximum) essay that shares information about you that is not evident in the rest of this application, including school experiences, community activities, honors to date, extracurricular activities, positions of responsibility, club, athletics, etc.

All statements in this application are correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Federal and State statutes prohibit sharing the contents of this applicant's records with another party without written consent of the parents of the applicant, or for an 18- year-old student his/her written consent. I hereby give consent to Mapleton/Siuslaw High School to release records of the applicant to the scholarship committee from Geraldine Bagley Foundation.

Signature of Parent or Applicant (if over 18): _____ Date: _____