Joseph A. Holmes Safety Association
Scholarship Application

(All information given will be held in strict confidence.)

Applicant Category:

_____High School Senior _____ Current Graduate _____Graduate

Name_____
Last First Middle Initial

Address_____

_____

Telephone (_____) _____
Area Code
(Please give a telephone number where you can be reached during the summer months)

Telephone (_____) _____

_____

Parent/Guardian Name (if 18 or younger)_____

Address_____

_____

Telephone (_____) _____
Area Code

_____

Educational Background

High School_____

Address_____

Telephone (_____) _____
Area Code

_____

College or University (if undergraduate or graduate applicant)

School_____

Address_____

_____

Degree_____

Telephone (_____) _____
Area code

School_____

Address_____

_____

Degree_____

Telephone (_____) _____
Area Code

Survey of Extracurricular Activities

List civic, community and school extracurricular activities and check the extent of your participation:

	ACTIVITY	OFFICE HELD	YEARS INVOLVED
1.			
2.			
3.			
4.			
5.			

Student/Parent Declaration Statement
(if applicant is 18 or younger)

I hereby declare that I have read this application as completed and, to the best of my knowledge and belief, the information and answers given are complete and correct.

Date_____ Applicant's Signature_____

Date_____ Parent/Guardian Signature_____

School Authority Endorsement
(for graduating high school senior only)

Applicant's Class Rank_____ Number in graduating class_____

High School Curriculum_____ College Prep_____ College Studies_____

ACT Scores_____ _____ _____ (Composite)_____

SAT Scores: Verbal_____ Math_____ Total _____

Comments:_____

_____

School Official's Signature_____

Title _____Date_____

Financial Disclosure Information

1. Are you now receiving or have you been notified that you will receive financial aid, academic or sports scholarships, Pell Grants or other assistance that will **not** require repayment when you have finished your degree: _____Yes _____No
(If yes, please answer the following question)

   A. What is the dollar amount of that assistance? _____

   B. Number of years that assistance will be provided? _____

2. Do you have family members that require special care that impacts your ability to receive financial support from your family? _____ Yes _____ No
(If yes, please explain)_____
_____

3. Number of persons in household?_____Number employed? _____

4. Total adjusted gross household income from all sources. $_____
(IRS Form 1040/line 31 or 1040-A/line 16)

5. All other income, taxed or untaxed. $_____
(Includes social security, vocational rehabilitation, welfare, etc.

6. Total income from all sources (1, 4 & 5 above) $_____

Date_____Applicant's Signature_____
Date_____ Parent/Guardian Signature_____

Estimated College Expenses

Anticipated College or University_____

Location_____

Major Field of Study_____
(Must be in the field of safety)

Expenses per year		
	Tuition/Fees	$_____
	*Room and Board	$_____
	Books/Misc.	$_____
	*Commuting Cost	$_____
	TOTAL	**$_____**

*Only claim Room and Board **OR** Commuting Cost, **NOT BOTH**

Application deadline is April 15, 2004.

COMMENTS:_____

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