

APPLICATION FORM

Student Information

Full Name: _____

Street Address: _____

City, State and Zip: _____

Primary Phone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

U.S. Citizen: YES/NO

Parent or Guardian Information

Deceased Parent or Legal Guardian's Name

Living Parent or Legal Guardian's Name

Street Address: _____

City, State and Zip: _____

Primary Phone Number: _____

Email Address: _____

Sibling Information

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Personal References

Name: _____

Street Address: _____

City, State and Zip: _____

Daytime Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Student's Educational Information (*attach extra sheet if necessary)

High School: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____

Honors*: _____

Offices Held*: _____

Community/Extracurricular Activities*: _____

College: _____

Intended Major: _____

Expected Start Date: _____

Expected Graduation Date: _____

Financial Need

Current Household Annual Income: _____

Short Essay

Please attach a short essay (2-3 paragraphs) about the impact your parent’s or legal guardian’s death has had on your life and family, how you have persevered, and your goals for the future.

Additional Information

Please attach a copy of your most current high school transcript.
Please attach 2 letters of recommendation from a teacher, counselor, coach, minister or adult mentor who knows you well.

Student and Parent/Guardian Affirmation

Both student and parent/legal guardian must read the following statement and sign as indicated.

We affirm that the information on this application is accurate, true and complete to the best of our knowledge. We understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this scholarship or other legal consequences. We give permission to the selection committee of the Dr. Alan J. Saffran Scholarship Fund to review student transcripts and other personal information provided.

_____ Applicant Signature	_____ Print Name	_____ Date
_____ Parent/Legal Guardian Signature	_____ Print Name	_____ Date