

# Franklin County Human Resource Association

## SCHOLARSHIP APPLICATION

### \$500.00 AWARD

**CRITERIA:**

1. **Must be an employee of a company which is a member of the Franklin County Human Resource Association or the child of an employee of a member company.**
2. **Must be enrolled at least half-time**
3. **Must have at least 2.0 GPA**
4. **Must demonstrate financial need**
5. **Must not be eligible for Pell, Coma or other grants**
6. **Must attach at least one letter of recommendation**

Please print or type clearly.

Transcripts must be attached in order for application to be considered. Please answer all questions completely and accurately.

Submit form, transcript, and recommendation to Franklin County Human Resource Association  
50 Claiborne Avenue, Rocky Mount, VA 24151.

Application must be completed fully and received by May 15, 2011 in order to be considered for the spring semester.

**All checks will be made payable to the college of your choice.**

<b>Name:</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Social Security Number:</b>  <div style="text-align: center;">             _ _ _ - _ _ - _ _   <b>Or Student ID</b>               _ _ _ - _ _ - _ _           </div>
<b>Address:</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Phone Number:</b>  <div style="text-align: center;">             ( _ _ _ ) _ _ _ - _ _ _ _           </div>

Are you employed? Y \_\_\_\_\_ N \_\_\_\_\_ If so where? \_\_\_\_\_

Are your parents employed by a member company? Y \_\_\_\_\_ N \_\_\_\_\_ If so company name. \_\_\_\_\_

<b>Date Of Birth:</b> ____/____/____	
<b>Marital Status: (Please Check One)</b>  ___ Single ___ Married ___ Divorced ___ Separated	___ I Live On My Own Or With Spouse  ___ I Live With My Parents  ___ If You Live W/ Parents, How Many Are In Your Household?
<b>Do You Have Children?</b> ____ <b>If Yes, How Many?</b> ____ <b>Do They Live With You?</b> ____	<b>Are You Currently Employed?</b> ____ <b>If Yes, Where?</b> ____ <b>Full-Time Or Part Time?</b> ____ <b>Spouse's Place Of Employment:</b> ____
<b>ACADEMIC INFORMATION:</b>	
<b>College Attending:</b> Ferrum National College New College Institute PHCC: VWCC <b>Program Of Study:</b>	<b>Credits Completed:</b>
<b>GPA: (If this is your first semester, enter GPA from high school)</b>	<b>I Am A:</b> ___ Full-Time Student ___ Half-Time Student (6 Credits) ___ Less Than Half-Time Student
<b>Expected Degree Or Certificate:</b>	<b>Expected Graduation Date:</b> ____/____/____
<b>High School Attended:</b>	<b>Year Graduated:</b>
<b>Honors Or Awards Received In High School, College, And Community:</b>	
<b>Extracurricular Activities In High School, College, And Community:</b>	
<b>Career Goals:</b>	
<b>FINANCIAL INFORMATION:</b>	
<b>List any special circumstances that affect your ability to pay for college expenses:</b>	
<b>Personal Annual Income:</b>	<b>Spouse's Annual Income: (if living w/ parents list their combined annual income here)</b>
	<b>If you live w/ parents, list their place of employment:</b>

I certify that all information contained in this application is true and correct to the best of my knowledge. I understand that if false statements are contained in this application I will be ineligible for this or any other college scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date