

**APPLICATION FOR A "MR. AND MRS. HENRY B. KINGSBURY SCHOLARSHIP"**

**Personal and Family Information**

Social Security # \_\_\_\_\_  
Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Ages of brothers and sisters dependent on your parents \_\_\_\_\_  
Number of these brothers and sisters enrolled in college \_\_\_\_\_

**School and Related Information**

Have you applied for any other scholarships? \_\_\_\_\_ If so, to whom? \_\_\_\_\_

\_\_\_\_\_

If you have previously received scholarship grants from the Kingsbury Scholarship Fund, please list amounts and years when received? \_\_\_\_\_

\_\_\_\_\_

From what high school will/did you graduate? \_\_\_\_\_ Date: \_\_\_\_\_  
Cumulative high school GPA \_\_\_\_\_ Approximate class rank: \_\_\_\_\_  
Have you applied for admission to a college or university \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_

Have you been accepted? \_\_\_\_\_ When do you plan to enter? \_\_\_\_\_  
What course will you pursue? \_\_\_\_\_  
What is your Vocational goal? \_\_\_\_\_  
What are your hobbies and special interests? \_\_\_\_\_

\_\_\_\_\_

**Financial and Related Information**

What jobs have you had or will you have?

	<u>Type of Work</u>	<u>Employer</u>
Last summer	_____	_____
During present school year	_____	_____
This summer	_____	_____

Please indicate additional facts or information concerning your families financial situation which might be pertinent to this application for financial aid.

\*\*\*\*\*

The undersigned certifies that the information provided herein is complete and accurate to the best of his/her knowledge.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

List names and addresses of two persons not related to you who can furnish additional information:

1. \_\_\_\_\_  
\_\_\_\_\_

KINGSBURY SCHOLARSHIP FUND  
Box 469, Wallace, ID 83873

FINANCIAL INFORMATION

Name of Scholarship Applicant \_\_\_\_\_

**Parents' Income for 20** \_\_\_\_\_

1. ADJUSTED GROSS INCOME as shown on latest Federal income tax return (if joint return, then joint GROSS income - if separate returns, then combined GROSS income reported) \$ \_\_\_\_\_
2. How many exemptions were claimed on the Income Tax Return? \_\_\_\_\_
3. How many of the exemptions above are full-time students in post-high school education \_\_\_\_\_
4. Are both parents employed and paid?  
(Please check.) Yes  No

Married couples use own personal income instead of that of parents.

Information supplied on this form is confidential and is to be used by the Trustees of the fund for the sole purpose of determining whether or not the applicant is eligible under the conditions of the fund.

This form is to be submitted as soon as possible, but not later than April 15.

Mail to: Dennis O'Brien, Secretary  
Kingsbury Scholarship Fund  
Box 469  
Wallace, ID 83873