

**SCHOLARSHIP APPLICATION  
MARY GRAHAM FOUNDATION**

**PERSONAL INFORMATION**

APPLICANT NAME: Last		First	Middle
Social Security Number	Age	Birthdate	Telephone (      )
ADDRESS: Street/PO Box		CITY, STATE, ZIP	
Number of Children:		Email Address:	
ETHNIC GROUP (CIRCLE ONE):			
1. White	4. Other Asian or Pacific Islander	7. Chinese	10. Korean
2. Hispanic	5. Alaskan Native or American Indian	8. Cambodian	11. Samoan
3. Black	6. Filipino	9. Japanese	12. Hawaiian
			13. Guamanian
			14. Laotian
			15. Vietnamese

**EDUCATIONAL BACKGROUND**

I will graduate from or did graduate from:		GPA (Please attach copy of transcript): _____
School (Name and City) _____	Date: (Mo/Dy/Yr) _____	
Academic Honors or Achievements:		
Extracurricular Activities (Track, Band, or other activities):		
I plan to attend: (Name of College/Vocational School, City and State)		I have applied for admission. <input type="checkbox"/> YES <input type="checkbox"/> NO I have been accepted. <input type="checkbox"/> YES <input type="checkbox"/> NO I have applied for financial aid. <input type="checkbox"/> YES <input type="checkbox"/> NO I have applied for the Chafee Grant. <input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT EXPERIENCE**

Are you working now?     YES     NO

If YES, complete part A below. If NO, skip part A and complete part B below.

<b>A</b>	Numbers of Hours Weekly	Check (✓) Appropriate Box Below: Full-time Employment _____ Part-time Employment _____
	Type of Employment and Job Title:	
	Describe Duties and Responsibilities:	
Do you plan to continue to work to help with school expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>B</b>	Do you plan to find work to help with school expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Describe past work or volunteer experience you have had:	



