MEMBER DEPENDENT SCHOLARSHIP APPLICATION FORM

ESAND Member Information

Name: ____________________________________________________________________________

School Address: ______________________________________________________________________

School Phone: ____________________ Fax: __________________  Home Phone: ____________________

Candidate Application Form

Full Name: _____________________________________________________________

Address: _________________________________________________________________________

Date of Birth: ____________________________

Last GPA: ______________ High School/College Graduation Date: __________________________

College/University you will be attending at the time the scholarship is awarded (after October 31):
_________________________________________________________________________________

(phone # of registrar’s office)
_________________________________________________________________________________

(address, city, state, zip)

List of Community (non-school) activities, including any offices held:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

List school extra-curricular activities, including athletics, music, etc., and any offices held:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Academic Awards and Honors:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

________________________________________  __________________________________________
(address, city, state, zip)
CANDIDATE’S BIOGRAPHICAL INFORMATION

Legal Guardian’s Name: ______________________________________________________________

Legal Guardian’s Address: __________________________________________________________

________________________________________________________________________________

Other dependents of legal guardian (excluding you) names and ages:

________________________________________________________________________________

________________________________________________________________________________

Your goals and/or career plans: (attach additional sheet if necessary): ___________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Will your legal guardian assist you financially in continuing your education?   ____Yes   ____No

If so, how much additional assistance to you feel you will need to continue your education?  $__________

Please check the range of your family’s annual income:

☐ below $15,000   ☐ $25,000-34,999   ☐ $45,000 - above
☐ $15,000-24,999   ☐ $35,000-44,999

List any other family/financial circumstances which should be considered and/or how scholarship will
benefit you (attach additional sheet if necessary):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I certify the above information to be true and correct.

___________________________________________
Signature of Applicant

____________________________
Date

DEADLINE:  September 30 of each year

Checklist:  Completed application form which includes:

    ☐ Transcript          ☐ Completed biographical information
    ☐ Two letters of recommendation          ☐ Completed goals/financial need information
    ☐ Optional - statement how scholarship will benefit you