

**JODI L. FLANAGAN
MEMORIAL SCHOLARSHIP APPLICATION**

ELIGIBILITY REQUIREMENTS: One scholarship will be rewarded to a female/male student who participated in any sport while attending BFA.

NAME: _____ **DATE OF BIRTH:** _____

Address: _____

Class Rank: _____ **Phone:** _____

Where do you plan to continue your education? _____

Have you applied? _____ **Been accepted?** _____ **Waiting to hear?** _____

What are your professional or occupational ambitions? _____

List School Activities, years of involvement, and awards (if applicable):

Guardian's name & occupation: _____

Guardian's address: _____

Guardian's name & occupation: _____

Guardian's address: _____

Brothers & sisters supported by your parents (names and ages):

_____	_____
_____	_____
_____	_____

FINANCIAL INFORMATION

Estimated Assets Budget

Assistance from parents	_____
Scholarship & Grants	_____
Summer income	_____
Other sources of income	_____
Total Estimated Income	_____

Estimated Expenses

Tuition	_____
Room	_____
Board	_____
Other expenses	_____
Total Estimated Expenses	_____

APPLICATIONS MUST BE RETURNED BY MAY 1 TO:

**Mr. Michael Flanagan
16 French Hill
St. Albans, VT 05478**