

ST. ALBANS HIGH SCHOOL – BFA ALUMNI IRREVOCABLE SCHOLARSHIP TRUST FUND

Preference shall be given to most in need of financial assistance and worthy students who evidence a desire and ability to pursue post high school education and who have shown outstanding extracurricular activities.

APPLICATION PROCESS

1. **Complete this application in its entirety, sign where indicated, and submit no later than **Monday, April 3, 2023** to:**
BFA Alumni Scholarship Application
C/O Louise Haynes
19 Upper Newton Street
St. Albans, VT 05478
2. **The following items are required to complete your application. Incomplete applications will not be considered.**
 - a. **In a short essay, please describe your professional or occupational ambitions.**
 - b. **A list of extracurricular activities (leadership, clubs, civic involvement, athletics, etc.)**
 - c. **Transcript (available from your guidance counselor)**
 - d. **Two letters of recommendation (these can be used from your college applications)**
 - e. **Copies of any and all award letters from your college. Updates to financial packages and scholarships, after your initial submission should be sent to bfaaalumni@gmail.com.**

The information provided on this form will be kept confidential and will only be used by the BFA Alumni Scholarship Committee to determine scholarship eligibility based on need.

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SCHOLARSHIP TRUST FUND**

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APPLICATION

NAME: _____ DATE OF BIRTH _____
HOME ADDRESS: _____ PHONE NUMBER: _____
E-MAIL ADDRESS: _____

EDUCATION

Where do you plan to continue your education? _____
How many years will it be? _____
Have you applied? _____ been accepted? _____ waiting to hear? _____

HOUSEHOLD INFORMATION

Parent/Guardian: Name: _____ Occupation: _____
Parent/Guardian: Name: _____ Occupation: _____
Marital status: ☐ Married ☐ Divorced ☐ Single

Please list household members (including parents) enrolling in a university/college for 2023-24

Name	University/College
_____	_____
_____	_____
_____	_____

Number of children 18 or younger living at home not including yourself

Name	Age
_____	_____
_____	_____
_____	_____

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FINANCIAL INFORMATION

Total School Budget Cost for one year: \$ _____
> Tuition: \$ _____
> Fees (including room & board if living on campus): \$ _____
Total Estimated Income for the one year: \$ _____
> Assistance from Student, Parents and Family: \$ _____
> Scholarships & Grants if known: * \$ _____
> Trust: \$ _____
> Non-Taxable Income: \$ _____
> Other Income/Support: (i.e., Child Support) \$ _____
> explain: _____

Comments you may wish to make about any special circumstances that may directly effect your ability to attend. * see note about financial packages and scholarship updates on page 1.

***The following financial information is required to be considered for a scholarship.**

Financial information (from income tax form on which the student is being claimed)

Form 1040 Adjusted gross income: \$ _____
Form 1040 Taxable income: \$ _____
(OR)

Form 1040A Adjusted gross income: \$ _____
Form 1040A Taxable income: \$ _____
(OR)

Explain clearly if from other Tax forms

* Non-Taxable Income: \$ _____
(i.e., Vt. municipal income, disability insurance, child support)

I have read over my answers to the information requested in this application, and affirm that to the best of my knowledge and belief, they are correct.

Name of Applicant (please print)

Name of Parent/Guardian (please print)

Signature of Applicant

Signature of Parent/Guardian

Date: _____

Date: _____

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