

APPLICATION FORM
NEW YORK STATE FEDERATION OF HOME BUREAUS, INC

Franklin County Home Bureau #45: Nursing, Radiology and Human Services

Date: _____

To be eligible to receive this award a student must be:

- Full-time student (see guideline #1)
- Academic standard of 2.85
- Student must be in 2nd, 3rd or 4th year
- Resident of NYS within an organized county of Home Bureau

If an applicant feels any one or more questions are too personal, they do not have to put a response in.

1. Name _____ Male _____ Female _____

2. Grade point average: _____
Anticipated graduation date: _____
Field of study: _____

3. Single or Married (circle one) Age: _____
A. Applicant occupation: _____
B. Applicant spouse occupation: _____
C. Total income: _____

4. Legal address and county on file with the college:
County: _____
Address: _____

5. Father's occupation _____

6. Mother's occupation _____

7. Do you live off campus or at home _____

8. Estimate your total yearly educational costs _____

9. Number of brother or sisters in currently in college: _____

10. Number of brother or sisters currently living at home: _____

11. What other financial aid are you applying for?
