

## **ACEF Scholarship Funds Program**

2016 Application First Time Applicants

**Directions:** Please type or print (using blue or black ink). Illegible applications will not be considered.

PERSONAL I	NFORMATION	NC												
NAME:														
					First Middle									
AGE:			/	/				SEX:	М	[	]	F	[	]
			Date of	Birth		_								
ADDRESS:														
			Street					City			State	?	Z	ip
CONTACT:	(	<u> </u>												
		Phone	Number					e-mai	l Addı	ress				
FAMILY INFO	DRMATION.	(vou ma	y attach a	nother	chaat	of nane	r if you i	naad m	ora s	nace	۱۵			
			-				-						_	
Are you rela	ated to any	one on	the ACE	F staff (	or Boa	rd of D	irectors	3? Y€	es [			Ю	l	]
PARENT/LE	GAL GUAR	DIAN'S	NAME(s)	:										
A DDDECC.														
ADDRESS:			Street	<u> </u>				City			Sta	to		Zip
CONTACT:	1	١						•			Sta	le		Σiþ
CONTACT.			hone Numl						-mail	Add	ress			
Number of	siblings: _		Nu	mber c	of fam	ily men	nbers cu	urrently	y atte	endi	ing c	olle	ge:	
Highest leve	el of educa	tion co	moleted I	hv νοιι	r nare	nt/lega	l guardi	an/sihl	ingsî	?				
Less than High			•		•		_	•	_		duate	Degi	ee:	
J		_	•				_					Ū	_	
EDUCATION	AL INFORM	ATION (	you may a	attach a	nothe	rsheet	of paper	if you r	need	mor	e spa	ice)		
What high so	chool do you	u curren	tly attend	?						G	PA:			
Name and ci	ty/state of a	any othe	er high sch	ools at	tendec									
What college	e do you pla	n to atte	end?											
What do you	ı plan to ma	jor in?												
If you plan to	o. when did	/will voi	ı take the:	:	ACT:		/		SAT:		/	/		
	CT Composi	•		•			_ <del>'</del> otal Scoi					,		



## ACEF Scholarship Funds Program 2016 Application

First Time Applicants

"Empoy	"Empowering youth in the designated area with need-based educational resources."		Date of Submission:				
<b>Directions:</b> Please type or print (using blue or black ink). Illegible applications will not be considered.							
FINANCIA	L INFORMA	ATION (you may attach another	sheet of paper if you need more space)				
Approxim	ate expens	es you plan to incur per semest	er:				
	Tuition: \$		Room & Board: \$				
	Books: \$		Other (please describe below): _\$				
Addition	al financial	assistance you expect to rec	eive ner semester:				
	Other Scholarships/Grants (please list below): \$						
	Personal:	: \$	Student Loans: _\$				
	Family: _	\$	Other (please describe below): \$				
Approxin	nate yearly	/ family income: \$					

Parent/Legal Guardian Signature

Date



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First Time Applicants

"Empowering youth in the designated area with	Date of Submission:
need-based educational resources."	
<b>Directions:</b> Please type or print (using blue or black i	nk). Illegible applications will not be considered.
HONORS, AWARDS, & ACTIVITIES (you may attach a	nother sheet of paper if you need more space)
Please list/describe academic or community hor	nors/awards you received during high school:
Please list/describe any sports, clubs, hobbies, o	outside interests, etc you had during high school:
Please list/describe any community service or leader	rship activities participated in during high school:
Please list/describe any work experience (including to	unpaid) and the dates worked:



**PERSONAL STATEMENTS** 

## **ACEF Scholarship Funds Program**

2016 Application First Time Applicants

Date of Submission:_	
Date of Submission:_	 

**Directions:** Please type or print (using blue or black ink). Illegible applications will not be considered.

Please choose one of these questions to write a 1-2 page essay on:

	<ol> <li>Describe a person or event that has had a major impact on your education, and how that will influence you as you begin college.</li> </ol>
	OR
	2. Describe the role community involvement/service has had in your life and how it has shaped your college and career goals.
	ur essay should be typed, double spaced, and 12-pt Times New Roman font. Please carefully cofread your essay to ensure there are no grammatical errors.
AP	PLICATION CHECKLIST
	Completed Application Form (4 pages, typed or neatly printed in blue or black ink)
	Personal Essay (1-2 pages, typed, double spaced, 12-pt Times New Roman font)
	Two (2) Letters of Recommendation (at least one of these must be from a high school teacher, counselor, or principal)
	Most Recent Official High School Transcript (photocopy is acceptable if signed by principal or guidance counselor)
	<b>Community Service Hours</b> (please document at least 20 hours of community service during your time in high school; these should be signed by a program supervisor)
	<b>Proof of College Acceptance</b> (if you have not yet received this, any award you receive will be conditional upon proof of admission) [ ] I have not yet received my acceptance.
ST	ATEMENT of ACCURACY
kno	ereby affirm that the above information provided by me is true and correct to the best of my owledge. I also consent that my picture may be taken and used for any purpose deemed necessary to omote the Foundation's scholarship program.
	nderstand that if chosen as a scholarship recipient, I must provide evidence of enrollment/registration the post-secondary institution of my choice before scholarship funds can be awarded
Stu	udent Signature: Date:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_