

Applicant #

AWARD AMOUNT

FARIBAULT FALCON SCHOLARSHIP FUND

PLEASE PRINT IN INK OR TYPE

APPLICANT DATA

NAME (Last) (First) (MI)

Permanent Address (Street) (City, State, Zip)

_()

Phone Number

Email Address

Name of Parent/Guardian

First Generation College Bound ____ Yes ____ No

SCHOOL DATA

(If undecided, list top two choices)

Name of Postsecondary School for which the applicant's scholarship is requested

4-year College/University

Vo-Tech/Comm. College

Address (Street)

(City, State, Zip)

Major field of study: (If undecided, list one area of interest)

ETHNICITY/RACE:

American Indian/Alaska Native/Hispanic

Asian

Black or African American

White

Name of College/University you will be attending: _____
(If undecided, list top two choices)

Proposed major of study: (If undecided, list one area of interest) _____

Describe your future plans as they relate to your educational, career objectives and future goals.
(Please write legibly or type and attach in the space provided - 1 paragraph maximum) (20 points)

Please describe how any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

(Please write legibly or type and attach in the space provided - 1 paragraph maximum) (20 points)

APPLICANT APPRAISAL (REQUIRED) (40 points)

To be completed by a high school instructor, coach, work supervisor or counselor.

You have been asked to provide information in support of this application. Please give serious attention to the following statements. When complete, please return to applicant or return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is:	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
Achievements reflect his/her ability:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> mod. well	<input type="checkbox"/> not well
Ability to set realistic and attainable goals:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Commitment to school and community:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Able to seek, find, and use learning resources:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> mod. well	<input type="checkbox"/> not well
Demonstrates curiosity and initiative:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> mod. well	<input type="checkbox"/> not well
Demonstrates good problem-solving skills, follows through, and completes tasks:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> mod. Well	<input type="checkbox"/> not well
Has respect for self and others:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Recommendation: (DO NOT USE STUDENT'S NAME)

Appraiser's Signature	Title	Date	Phone Number
Appraiser's Business Address	Street	City, State, Zip	

TRANSCRIPT INFORMATION: TO BE COMPLETED BY THE HIGH SCHOOL OFFICIAL
(120 points)

Applicant ranks _____ in a class of _____ Cumulative Grade Point Average _____/4.0 scale

SAT Verbal _____ Math _____ Accuplacer taken ____ Yes ____ No

ACT Composite _____

High School Official	Title	Date
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APPLICATION CHECKLIST:

- Completed Application Form **AND PICTURE**
- All required signatures
- Current Transcript of Grades
- SAR Report (from FAFSA) OR Financial Statement form, if needed

RETURN APPLICATION TO: FARIBAULT HIGH SCHOOL COUNSELING OFFICE BY Friday, APRIL 12TH