

FALMOUTH COMMODORES CREIGHTON SCHOLARSHIP APPLICATION

Please print (3 pages) and complete this form and attach additional information as necessary. Make sure your counselor has a signed release (Senior Permission Form) from you or your parents to send out this information.

Mail to: **Falmouth Commodores PO Box 808 Falmouth, MA 02541**

Name

Last	First	Middle

Address

Street	Town	Zip Code

Phone

Email

Father

Occupation

Address

Mother

Occupation

Address

Financial Status:

How much is available for college expenses now?

\$ _____

Have you applied for financial aid?

Yes _____ No _____

Have you received any financial aid to date?

Yes _____ No _____

If yes, please complete the following section:

Type of Aid	Amount
College Grant	\$ _____
College Scholarship	\$ _____
Federal Student Loan (Stafford)	\$ _____
State Scholarship	\$ _____
Other	\$ _____

Do you have other sources available? (loans, trusts, benefits) List below:

_____	\$ _____
_____	\$ _____

Class Rank _____

Employers	Type of Work
_____	_____
_____	_____
_____	_____

Extracurricular Activities (community service, hobbies, interests, etc)

What are your plans after high school?

What schools have you applied to? (Please circle the school that you plan to attend)

School	Intended Major	Program Length	Cost

Brothers/Sisters	Age	At Home?	Student

Additional information you would like the Scholarship Committee to consider.

Date _____ Signature _____