

**FRANKLIN COUNTY PUBLIC SCHOOL RETIREES
ASSOCIATION SCHOLARSHIP**

Sponsored by: Franklin County Public School Retirees (formerly Franklin County Retired Teachers Association)
Scholarship Committee
Deborah Friedmann Co-Chairperson
7909 Highway O
Robertsville, MO 63072
(636) 393-0395

Eligibility: A resident of Franklin County who is attending a two-year or four-year college or university

The candidate:

1. Must be planning to pursue a Major in the Field of Education;
2. Must have a minimum 2.75 Grade Point Average;
3. Must show proof of enrollment for the first and second semester to the Committee before payment will be made;
4. Must notify the Committee if he or she drops out of school;
5. Must show a monetary need for the scholarship.

The application form should be filled out by the candidate in their own writing and sent to the Franklin County Public School Retirees Scholarship Committee at the address listed above. Applications must be postmarked by April 1, 2017.

**FRANKLIN COUNTY PUBLIC
SCHOOL RETIREES ASSOCIATION APPLICATION**

Date _____

Name _____

Address _____

Age _____ Telephone Number _____ Occupation _____

Spouse's Name _____ Spouse's Occupation _____

Number of children living at home (this includes your own children, or any of your own siblings living at the same home where you reside) _____

Ages _____

College Currently Attending _____

College Attending in the Fall _____

Academic Achievements (awards, honors) _____

Leadership (activities & positions held) _____

Community Services (list activities you participate in) _____

Work experience _____

What field of education have you chosen? _____

What are your educational goals? _____

Will you live on campus? ___ Yes ___ No Will you commute? ___ Yes ___ No ___

Financial Assistance

In the space below, list your anticipated expenses and resources (grants, scholarships, savings, etc.) for meeting the cost of the school year August to July **2017-2018**. Be specific.

COLLEGE ADVISOR'S VERIFICATION

Cumulative GPA _____

S.A.T. _____ or A.C.T. Composite Score _____

Advisor's signature _____ Date _____

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Please send application to:

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