

I.D.# _____

Counselor: _____

**SCHOLARSHIP APPLICATION for "Falmouth Together We Can Inc.
Post High School Employment – Tools for Careers"**

Tools for careers: equipment, certificate programs, clothing, licenses, etc.

For: fire/police, electrical/plumbing, mechanics, landscape, other...

CONTACT INFORMATION: Kathleen Jespersen at kahlin@aol.com

Please **PRINT** or **fill out online** at falmouthtogetherwecan.org and complete all blanks; attach additional materials if necessary. **Make sure your counselor has a signed release from you or your parents to send out this information.**

Mail applications to: FTWC Inc., Scholarship, 11 Tricia Road, North Falmouth, MA 02556

A. Applicant _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Number and Street) (Town) (home and/or cell)

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

PLEASE GIVE ADDRESS OF PARENT(s), (Grandparent(s)/Aunt/Uncle/Guardian) with whom you live)

Father _____

Mother _____

Identify Other _____

B. FINANCIAL STATUS: How much have you available for Program expenses now? \$ _____

Have you applied for Financial Aid? Yes _____ No _____ if yes; please complete the following section.

If NO, why not:

<u>TYPE OF AID</u>	<u>AMOUNT</u>
Grant _____	\$ _____
Scholarship _____	\$ _____
Federal Student Loan (Stafford) _____	\$ _____
Other (please list) _____	\$ _____

Other sources of funding available? (i.e. parents, loans, trusts, benefits, etc.) Please list below:

_____ \$ _____
_____ \$ _____

C. EMPLOYERS

TYPE OF WORK YOU PERFORM (ED)

_____	_____
_____	_____
_____	_____

D. EXTRACURRICULAR ACTIVITIES: (hobbies, interests, etc. Years involved))

E. LONG TERM PLANS: (Explain goals, ambitions, long range plans, etc.)

F. PROGRAMS TO WHICH YOU HAVE APPLIED (please list where you were accepted and plan to attend)

<u>School/Organization</u>	<u>Accepted</u>	<u>Intended Goal</u>	<u>Certificate Program</u>	<u>Length of Program</u>	<u>Cost</u>
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G. BROTHERS/SISTERS AGE LIVING AT HOME STUDENT OTHER (Grandparent, etc.)

H. Please explain any unusual circumstances you wish a Scholarship Committee to consider.

(Date)

(Applicant's Signature)

(Parent/Guardian Signature)

**** RESUME OPTIONAL with Letter of Support/Recommendation ~ PLEASE ATTACH***