Application For

***ARCOLA FOUNDATION***

***GWEN MARIE BOYD MEMORIAL FUND SCHOLARSHIP***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_\_

Address: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of college or university you plan to attend during 2023-2024 school year:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Seeking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cost of Attendance for 2023-2024 school year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Do not leave this blank or estimate the amount. Contact the Financial Aid Office**

**for specific cost-of-attendance figures.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature of Applicant

**TO BE COMPLETED BY APPLICANT:**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: Married/Single/Widowed/Divorced/Remarried

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s 2022 Adjusted Gross Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s 2022 Adjusted Gross Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All other taxable or non-taxable income (including social security,

 disability, interest, dividends, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL INCOME** (Total of Above) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach a copy of the first two pages of your parent’s and your 2022 federal income**

**tax return to this application.)**

Parent’s household size in 2022-23 (include yourself) \_\_\_\_\_

Number of family members attending college 2022-23 (include yourself) \_\_\_\_\_

2022 Medical and Dental expenses (not paid by insurance including

 health insurance premiums) $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Current Market Value of home $\_\_\_\_\_\_\_\_ Balance of Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s current cash (cash, checking, savings, CDs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s investments (stocks, bonds, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s current cash (cash, checking, savings, CDs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any unusual circumstances (Please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***IMPORTANT***

**PLEASE ATTACH A COPY OF YOUR COMPLETED FAFSA** and/or **FAFSA**

**STUDENT REPORT.**  **WITHOUT THIS INFORMATION, YOUR APPLICATION CAN’T BE CONSIDERED.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Please mail your application **NO LATER THAN** June 1st to:

 Jennifer Shafer

Arcola Foundation

**Attn: Scholarships** P.O. Box 100

 Arcola, IL 61910

If you should have any questions regarding this application, call or email

Jennifer Shafer at (217) 268-4911 or jennifershafer3@gmail.coom

Your application & financial materials will be reviewed by an outside evaluator.

All financial information will be destroyed.