

HARLAN AND ERNESTINE SPANGLER CONTINUING EDUCATION SCHOLARSHIP

Scholarship Application:

Today's Date:

A. Demographic Information							
Full Name	Last	First		Middle			
Mailing Address							
City, State, Zip							
Home Telephone	Phone		Cell				
Email Address							
High School							
Graduation Year							
Social Security Number (Last 4 digits)							
College Attending							
Intended Major							

B. Financial Need Information

This Scholarship takes into account financial need. An objective measure of need is the Expected Family Contribution (EFC) as measured by the Free Application for Federal Student Aid (FAFSA) form. http://www.fafsa.ed.gov.

IMPORTANT: You will be expected to provide your family's EFC if you want to be considered for this scholarship. We ask you to provide this information now or be prepared to provide the EFC at the time of your interview.

My Expected Family Contribution (EFC) from FAFSA is: \$

C. Attestation and Grant of Release

Attestation and Grant Release:

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand the information gathered by the Bryan Area Foundation for determining eligibility for various scholarships may be disclosed to members of the scholarship committee and the representative of the donor family.

Signature of Applicant

D. Scholarship Questions 1. Please explain why you are interested in your intended major and what your plans are after graduating from college.
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2. List your work experience:
2. List your work experience: Continue

3	3. Discuss your leadership capabilities, past accomplishments, community involvement:							
4	List any scholarships or grants that you have received or know that you will be receiving:							
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