

Name: _____

Please list your extra-curricular activities (clubs, sports, community service, employment) below:

EMPLOYMENT INFORMATION:

I am currently working full-time part-time summers only # of hours per week: _____

Current Employer/Summer Employer _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____ Hourly Rate/Salary _____ Start Date (month/year) _____

Please list your job duties below:

FAMILY INFORMATION:

I am an employee of a member company the dependent of an employee of a member company.

For Dependents Only:

Father's Name _____ Father's Address _____

Father's Occupation _____ Father's Employer _____

Mother's Name _____ Mother's Address _____

Mother's Occupation _____ Mother's Employer _____

Name: _____

For All Applicants:

Please list names, ages, and grades of siblings/dependents living at home:

NAME	AGE	GRADE/YEAR IN COLLEGE

FINANCIAL INFORMATION:

Estimated College Costs for the Academic Year (include tuition, room and board, fees, books): _____

Have you completed all financial aid applications for your college? YES NO

List other scholarships/financial aid that you have applied for/received:

NAME OF SCHOLARSHIP/FINANCIAL AID	AMOUNT

Please attach a brief commentary (250 – 500 words): 1) What are your goals? 2) Why should you be considered for aid? 3) What contact have you had with EFFA and how has it impacted you?

Signature

Date

PLEASE NOTE: *Employees of member companies must include with this application a letter from the employer listing the applicant’s time of employment and position. Children of member company employees must **also** include with this application a letter from the member company verifying the employment of the applicant’s parent/guardian.*