

FRANCIS W. LAYTON SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

To the administrator of the FRANCIS W. LAYTON SCHOLARSHIP FUND

I _____ Here by make application for a Scholarship.

I will attend _____
(Institution) (Address)
for the term commencing _____
(Date)

1. Name _____ Phone () _____
(Please print) (Last) (First) (Middle)

2. Home Address _____
(Street) (City) (State) (Zip Code)

3. Place and Date of Birth _____

4. Bethel No. _____ Location _____

Date Initiated _____ Offices Held _____

5. Is any one dependent upon your support? _____

6. Have you applied for any other Scholarship Awards? _____ If so which ones?

7. Education Institution last attended _____
(Name of Institution)

8. Names of Parents or Legal Guardians _____

9. Number of dependents in family _____ Ages _____

10. How do you plan to pay your expenses not covered by a scholarship? Check the appropriate items:

_____ Money furnished by family _____ Earnings during school year
_____ Earnings during summer _____ Other (Please Explain) _____

11. Applicant's signature _____ Date _____

12. We agree to, and approve of the above:

Mother or legal guardian _____ Date _____

Father or legal guardian _____ Date _____

13. Include a letter from your parents or legal guardians on 8 1/2 x 11" unlined paper.