

Lubbock Area Foundation Fallen Heroes Fund Scholarship Application

Semester (*Check One*): Spring Fall School Year: _____

GENERAL INFORMATION – (Please type or print)

Mr. Mrs. Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Name of Deceased Active Duty Personnel/First Responder:

Relationship to Above: _____

EDUCATIONAL PLANNING

College or Universities to which you have applied:

1. _____ Accepted: Yes No

2. _____ Accepted: Yes No

Intended Major: _____

What career are you planning to pursue? _____

EDUCATIONAL BACKGROUND

High School Attended: _____

OTHER STUDENT INFORMATION

Please list any volunteer efforts you are involved in:



FINANCIAL INFORMATION

(This section must be fully completed for your application to be considered.)

List names and ages of all other residents in household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income

List known or estimated monthly income in the semester for which this application is made.

From Your Employment	\$ _____
From Other Members of Household	\$ _____
From Any Other Source (alimony, child support, etc.)	\$ _____
Survivor Benefits (Military, SSI, etc)	\$ _____
Total Monthly Household Income From All Sources	\$ _____

Estimated Monthly Household Expenses

List known or estimated monthly expenses for the semester for which this application is made.

Housing/Utilities	\$ _____
Transportation	\$ _____
Food/Clothing	\$ _____
Medical/Insurance	\$ _____
Childcare	\$ _____
Other: _____	\$ _____
Total Monthly Household Expenses	\$ _____



ACADEMIC FINANCIAL PLANNING

Indicate what your academic expenses will be for the semester/quarter for which you are applying for this scholarship. This scholarship may be applied to tuition, books and fees only. Please submit a copy of the tuition and fee schedule from your school. You must reapply or update your application for each semester/quarter for which you wish to be considered.

Status: Full-time _____ Part-time _____ # of Hours: _____

Tuition/Fees: \$ _____ Books: \$ _____

Room/Board (if living on campus): \$ _____

Other Educational Expenses: \$ _____

Student Financial Aid:

List all sources of financial aid you intend to receive for the semester/quarter this application will be considered. If you are not applying for these sources please indicate so with "N/A". If you have applied but do not know the amount of your award please indicate with "unknown".

From Loans \$ _____

From Scholarships \$ _____

From Pell Grants or other grants \$ _____

From Military Educational Benefits \$ _____

Total Semester/Quarter Financial Aid \$ _____

I hereby certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I give the Lubbock Area Foundation, Inc. permission to contact any of my teachers, counselors, or educational institutions to gain further information if needed. I understand that the information in this application will be shared with the scholarship selection committee.

Student Signature: _____ **Date:** _____

**Misrepresentation in any statement may be considered reason for cancellation and repayment of scholarship.*

<p>How did you hear about our scholarships? Newspaper: _____ Website: _____ Other: _____</p>

