

WEAVER SCHOLARSHIP
Application Form

Student Name _____ Spouse _____

Address _____ Address _____
Street Street

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Social Security Number _____

Age _____ Grade _____ G.P.A. _____ (Enclose copy of school transcript)
(Current) (Previous Year)

Parent Information:

Father's Name _____ Mother's Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Number of persons in home _____ Number in school beyond high school, including applicant, next year _____

What school do you plan to attend? _____

Have you applied? _____ Been Accepted? _____

Have you made application to other colleges? _____ If so, which colleges? _____

What do you plan to study? _____

Do you have a part-time job? _____ Your weekly salary _____

How much do you expect to have saved by next Fall? _____. Will you receive financial assistance from
Social Security _____, V.A. _____, Vocational Rehabilitation _____, Other _____?

If so, how much? _____ Per _____ (week, month, etc.).

Are your parents able to provide any financial aid for you to attend college? _____. If so, how much? _____

Circle the financial aids for which you have applied: BEOG (Pell Grant); Supplemental Educational Opportunity Grant; Collect Work-Study Program; National Direct Student Loan; Guaranteed Student Loan.

- On a separate sheet please write a short description of yourself. Include such things as honors, activities, awards, how you plan to finance your education, why you want to continue your education, and any unusual circumstances that a financial aid committee should know that might give you special consideration. (Please leave top, bottom, and side margins.)

Please return the completed Proposed Budget. A letter of recommendation will be written on your behalf by Bob Mayor, Executive Director, St. Joseph's Children's Home.

Return application to: Ronda Meyer
St. Joseph's Children's Home
P.O. Box 1117
Torrington, WY 82240-1117

**Weaver Scholarship
Proposed Budget**

School Year 20__ to 20__

Receipts

Savings from earnings....\$ _____
Advance from parents....\$ _____
Work Study\$ _____
Veterans Benefits.....\$ _____
Advances from others....\$ _____
_____ \$ _____
_____ \$ _____
Advances form college...\$ _____
Scholarships.....\$ _____
Free Tuition..... \$ _____
Free Board.....\$ _____
Weaver Scholarship,
 If granted.....\$ 2,000.00____
All others.....\$ _____

Total.....\$ _____

Expenses

Tuition.....\$ _____
Fees (Itemized and explain)
_____ \$ _____
_____ \$ _____
Laboratory Charges.....\$ _____
Instruments.....\$ _____
Board.....\$ _____
Room.....\$ _____
Books.....\$ _____
Clothing.....\$ _____
Health.....\$ _____
Travel.....\$ _____
Laundry..... \$ _____
Insurance.....\$ _____
Incidentals..... \$ _____

Total.....\$ _____

This statement must balance.