

Sussex County Education Association

**IVA VALLER SCHOLARSHIP APPLICATION**

**THIS APPLICATION MUST BE TYPED**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Elementary School Attended: \_\_\_\_\_

**Family Information:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Siblings living at home (name and age)

\_\_\_\_\_  
\_\_\_\_\_

**Academic Information:**

Class Rank: \_\_\_\_\_ Grade Point Average (GPA): \_\_\_\_\_

**Extra-Curricular Information:** (List all school related activities for Grades 9 -12)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Activities:** (List all volunteer activities that are not school related)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Career Information:** (You must be accepted at the college you plan to attend in order to apply for this scholarship.)

College you plan to attend: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Career Goals: \_\_\_\_\_

\_\_\_\_\_

**Financial Information:**

Gross Family Income for the last tax year: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

Do you have a part time job? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Other Information:**

Below please provide any other information you feel will help the Scholarship Committee evaluate your application. (Special interests, personal philosophy, goals, activities, awards, etc.) You may use a separate sheet of paper if needed.

**AFFIDAVIT**

I understand and agree that if I should be the recipient of the Iva Valler Scholarship Award and decide not to pursue an academic program in an educational institution above the secondary level, that I will refund the entire amount of the award to the Sussex County Education Association on or before December 31<sup>st</sup> of this year.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date