

Sussex County Education Association

KATHY DEL BEN SCHOLARSHIP

Sponsored by Visions Federal Credit Union

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:

Are you or someone in your family, a member of Visions Federal Credit Union? _____

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.

Signature of Student

Signature of Parent

Date

Date