

ST ANDREW'S SOCIETY OF SAN FRANCISCO

P.O. Box 471418
San Francisco, CA 94147-1418

Student Assistance Application

Academic Year 2009-2010

Full Name _____

Date of Birth _____ Sex: M _____ F: _____

Address _____ City _____ Zip _____

Telephone No. _____ or where you can be reached _____

Social Security Number _____

Please detail Scottish birth or ancestry: _____

List the secondary (high school or equivalent) from which you graduated.

<u>Name & Location</u>	<u>Dates Attended</u>	<u>Class Standing</u>
_____	_____	_____

List all institutions of higher learning you have attended, whether or not credit was received for courses taken.

<u>Name</u>	<u>Dates Attended</u>	<u>Degree/Date</u>	<u>GPA/Class Standing</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At what institution do you intend to use this scholarship?

<u>Name</u>	<u>Location</u>
Are you currently enrolled or accepted at this institution? _____	Is this institution Accredited? _____

Student Assistance Application (cont'd) Name: _____

State on the back of this page your reason for leaving any school at which study did not terminate in a degree.

If GPA (Grade Point Average) is based other than on a 4.0 maximum, or if another grading system is used, please explain on the back of this page.

If you have not been accepted, what is the status of your application? _____

What is the program of study or training you propose to pursue? _____

List any academic honors or citations for leadership you have received. _____

List any extracurricular activities that you believe give evidence of leadership skill, excellence of performance, or high levels of responsibility. _____

Vocational Experience:

<u>Organization/City</u>	<u>Position</u>	<u>Dates</u>	<u>Salary/Wage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military or Government Service (Describe): _____

List any other grants for study, scholarships, assistantships, fellowships or other financial assistance you have received previously: _____

Student Assistance Application (cont'd) Name: _____

Father, Stepfather or Male Guardian

Name: _____ Age: _____

Home Address: _____

Occupation: _____ Title: _____

Employed by: _____ Since: _____

Bank Accounts - checking, savings,
Certificates of deposit, etc _____

Other Investments _____

Equity in Real Estate _____

Interest in trusts or estates _____

Other assets not listed above _____

TOTAL ASSETS _____

Mother, Stepmother, or Female Guardian

Name _____ Age _____

Home Address _____

Occupation _____ Title _____

Employed by: _____ Since _____

Bank Accounts -- checking, savings,
Certificates of deposit, etc. _____

Other Investments _____

Equity in Real Estate _____

Interest in Trusts or Estates _____

Other Assets not listed above _____

TOTAL ASSETS _____

Spouse

Name _____ Age _____

Home Address _____

Student Assistance Application (cont'd) Name: _____

Occupation _____ Title _____

Employed by: _____ Since _____

Bank accounts -- checking, savings,
Certificates of deposit, etc. _____

Other investments _____

Equity in real estate _____

Interest in trusts or estates _____

Other assets not listed above _____

TOTAL ASSETS _____

List dependents, their relationship to you, their age, and the percent of their support you provide:

List brothers and sister, their ages and present educational or vocational status:

Applicant's Assets

Bank Accounts -- checking, savings
certificates of deposit, etc. _____

Other Investments _____

Equity in Real Estate _____

Interest in Trusts or Estates _____

Other Assets not listed above _____

TOTAL ASSETS _____

Student Assistance Application (cont'd) Name: _____

Projected Academic Year Income

Applicant's summer income from all sources after federal,
state, local taxes and Social Security withholding _____

Total support expected from parent(s), relatives, and spouse
(including room and board at home if listed as an
expense below) _____

Academic year salaries and wages after taxes, FICA _____

Social Security educational benefits, if any _____

Veteran's or GI bill benefits, if any _____

Other scholarships, fellowships, and educational grants _____

Income tax refunds _____

TOTAL PROJECTED ACADEMIC YEAR INCOME _____

Projected Academic Year Expenses

Tuition and fees _____

Books, equipment and supplies _____

Housing _____

Food _____

Clothing, laundry and cleaning _____

Transportation _____

Medical and dental _____

Debt repayment (Explain on separate sheet) _____

Other expenses (Explain on separate sheet) _____

TOTAL PROJECTED ACADEMIC YEAR EXPENSES _____

TOTAL PROJECTED FINANCIAL AID NEEDED _____

Please identify sources on the back of this page.

Please itemize on the back of this page.

Student Assistance Application (cont'd) Name: _____

Certification

I certify that the information contained in this application and all attachments and supporting documents are complete and correct to the best of my knowledge and that I will provide supplementary documentary evidence on request. I understand that any willful misstatement may result in my application being rejected or any grant withdrawn.

Date

Signature

All information provided is confidential and is for the sole purpose of evaluating the suitability of the candidate for a scholarship from the St. Andrew's Society of San Francisco. The selection of the candidate is at the exclusive discretion of the Society.

<u>Board of Student Assistance Use Only:</u>	
Date Received: _____	Comments:
Date Approved/Denied: _____	
Date Voted on By Membership: _____	
Scholarship Amount: _____	