

Easton Orthodontic Associates Scholarship Application for High School Seniors Interested in the Healthcare Field

Instructions:

- A. Only completed applications will be considered. Do not leave any blank spaces. Please type or print all information.
- B. All applications must be accompanied by copies of W2 Forms and the Federal Income Tax Form 1040 or 1040A for the year previous or current of EACH parent and The student or a statement that no return was/will be filed. Check appropriate space below.

	Tax return(s) attached	Did/will not file for current year
Parent:	_____	_____
Student	_____	_____

Name of High School _____

Class Rank _____ SAT Score (V) _____ (M) _____

1. Name _____ Social Security # _____

2. Home Address _____

3. Home Phone _____

4. Name of Parents/Guardians _____

a. Address of Parents/Guardians _____

5. Occupation of Father (if employed) _____

a. Name/Address of Employer _____

6. Occupation of Mother (if employed) _____

a. Name/Address of Employer _____

7. Parent/Guardian's income if employed

Father: _____

Mother: _____

8. Adjusted Gross Income from IRS Form 1040 or

1040A _____

9. Does your family have any unusual expenses it must meet? Please list amounts and purposes.

10. Employment and Activities

a. Extra-curricular high school activities:

b. Community activities:

c. Jobs held for pay:

d. Are you currently employed? By whom and job responsibilities.

11. SUMMARY

a. Colleges or universities to which you are applying.

First Choice:

Alternate Choice:

College: _____

Total Expenses _____

Total Resource _____

Total Needed _____

b. What major or field are you considering?

c. Future career plans:

12. What do you hope to gain from going to college and why do you want to go to the college or colleges that you have selected? (250 words or less)

CERTIFICATION OF NEED

We, the undersigned, hereby state that financial aid is essential to enable me to attend college. The questions contained in the preceding pages of this application have been answered truthfully and accurately to the best of our knowledge.

Signatures:

Parent/Guardian _____

Applicant _____

Information on this form is confidential between the applicant and the scholarship committee.

NOTE: Applicant's transcript and current report card will be attached.