

# EDiS Generation III Scholarship Fund

110 S. Poplar Street, Suite 400

Wilmington, DE 19801

Phone (302) 421-5700

Fax (302) 421-5715

## Application

### I. PERSONAL INFORMATION

A. Name \_\_\_\_\_  
Last First Middle

B. Current Address: (1) Home \_\_\_\_\_  
Number & Street City State Zip

(2) College \_\_\_\_\_  
Number & Street City State Zip

At which address can you be contacted? Home \_\_\_\_\_ College \_\_\_\_\_

C. Current Telephone: (1) Home \_\_\_\_\_ / \_\_\_\_\_

(2) College \_\_\_\_\_ / \_\_\_\_\_

(3) If you do not have a telephone at home or at school, indicate phone number where you may be contacted. \_\_\_\_\_ / \_\_\_\_\_

D. Email Address: \_\_\_\_\_

E. Present Age: \_\_\_\_\_

F. Date of Birth: \_\_\_\_\_  
Month Day Year

G. 1. Marital status \_\_\_\_\_

2. Spouse's Name \_\_\_\_\_

3. Number of dependents other than spouse \_\_\_\_\_

H. 1. Parents: Father \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living? \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living? \_\_\_\_\_

Mother's Address (if different then above) \_\_\_\_\_

2. Legal Guardian \_\_\_\_\_ Relationship to You \_\_\_\_\_

Legal Guardian's Address (if different then above) \_\_\_\_\_

**II. SCHOLASTIC INFORMATION**

**A. CURRENT ENROLLMENT** - Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending. Most recent first. Be sure to indicate month and year of anticipated graduation.

1. High School	Attended (From-to)	Month/Year of Graduation Anticipated
a. _____		
b. _____		

2. Two-Year College	Attended (From-to)	Month/Year of Graduation Anticipated
a. _____		
b. _____		

3. Four-Year College	Attended (From-to)	Month/Year of Graduation Anticipated
a. _____		
b. _____		

4. Provide a chronological history of your activities if not continuously enrolled in school since high school graduation. History should begin immediately after high school graduation until the present time. Include specific month, year and type of activity. (Attach a separate sheet of paper for your response.)

**B. FUTURE SCHOLASTIC PLANS** - If you are currently not enrolled at a college or university, or are planning to transfer to another school, list below those colleges to which you have applied (in order of preference). Use a separate sheet to complete your response to this question if there are more than two responses.

1. College	Attend	Major	Accepted?	If No, Date Anticipated	Month/Year of Graduation Anticipated
(name, city, and state)	(From-to)				
a. _____					
b. _____					

**C. Specify Grade Point Average and send an official grade transcript for the school you are presently attending.**

1. GPA \_\_\_\_\_ (3, 4, 5 or 6 point scale-circle one)
2. Standardized Test Percentile \_\_\_\_\_

**D. On a separate sheet of paper, please indicate what extracurricular or community activities have you participated while attending high school? College? Indicate elected offices held, if any. Specify purpose of local organizations.**

**III. APPLICANT'S EMPLOYMENT HISTORY**

A. List below full-time employment, summer employment, or other part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week. Use a separate sheet to complete this answer if there are more than two responses.

1. From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_  
Month Month

Firm's Name and Types of Business \_\_\_\_\_

Address & Phone \_\_\_\_\_

Supervisor's Name and Position in Company \_\_\_\_\_

Your Duties \_\_\_\_\_

\_\_\_\_\_

Salary \$ \_\_\_\_\_

2. From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_  
Month Month

Firm's Name and Types of Business \_\_\_\_\_

Address & Phone \_\_\_\_\_

Supervisor's Name and Position in Company \_\_\_\_\_

Your Duties \_\_\_\_\_

\_\_\_\_\_

Salary \$ \_\_\_\_\_

**IV. FINANCIAL INFORMATION** (Complete all blanks)

A. Your occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

B. Spouse's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

C. Father's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

D. Mother's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

E. Guardian's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

F. Stepmother's occupation (if applicable) \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

G. Stepfather's occupation (if applicable) \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

H. List your brothers and sisters and their birth dates. Include all half and step siblings residing with you and those who do not reside with you but for whom your parents are providing support.

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I. Will anyone else in your immediate family be attending a post secondary school next year? \_\_\_\_\_

If yes, including yourself, how many members? \_\_\_\_\_

**J. APPLICANT**

Describe briefly in annual dollar amounts estimated college costs for:

1. Tuition \$ \_\_\_\_\_ per year

2. Living Expenses \$ \_\_\_\_\_ per year

3. Books \$ \_\_\_\_\_ per year

4. Miscellaneous (specify) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ per year

**K. SIBLING(S)**

Describe briefly in annual dollar amounts estimated college costs for:

1. Tuition \$ \_\_\_\_\_ per year

2. Living Expenses \$ \_\_\_\_\_ per year

3. Books \$ \_\_\_\_\_ per year

4. Miscellaneous (specify) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ per year

L. APPLICANT

Indicate the amount of support from the following sources:

1. Summer Work \$\_\_\_\_\_per year
2. Part-time Work \$\_\_\_\_\_per year
3. Loans (specify)\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
4. Scholarships\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
5. Financial Aid\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
6. Other sources of income (specify)\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year

M. SIBLING(S)

Indicate the amount of support from the following sources:

1. Summer Work \$\_\_\_\_\_per year
2. Part-time Work \$\_\_\_\_\_per year
3. Loans (specify)\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
4. Scholarships\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
5. Financial Aid\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year
6. Other sources of income (specify)\_\_\_\_\_
- \_\_\_\_\_ \$\_\_\_\_\_per year



V. **ADDITIONAL INFORMATION CONT.**

**APPLICANT**

I agree that the application and all attachments may be used for the purpose of evaluation and selection by the Board of Trustees and/or representatives designated by the Board of Trustees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use an additional sheet to provide any other information that you feel necessary to complete your application.

The Board of Trustees will keep all information listed on this application in confidence and the information will be used only for the purpose of evaluating the application.

**GUIDANCE COUNSELOR**

I have reviewed this application and find the information, to the best of my knowledge, to be complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

**\*\*\*PLEASE ATTACH THE FOLLOWING WITH YOUR SUBMISSION\*\*\***

1. Official transcript from your current institution.
2. Copy of your **best** SAT scores.

**Revised 12/09 lmr**