

What are your immediate educational goals?

How will achieving these goals improve your life?

Please describe your need for assistance, including any special circumstances or expenses.

Please estimate the minimum amount of assistance that will enable you to begin the proposed coursework listed on page 1 of this application: \$ _____

FAMILY INFORMATION

Your marital status: [] Divorced [] Domestic Partnership [] Married [] Separated [] Unmarried [] Widowed

You

Your Spouse (if applicable)

Employer's Name _____

Title/Position _____

What was your total taxable family income for 2011? _____ What is your estimated total family taxable income for 2012? _____
(please include a copy of your 2011 IRS Form 1040 with this application)

How many household dependents did you claim on your most recent tax return? _____

How many of your household dependents are children? _____

Provide the ages of the children you have listed as dependents: _____

TRANSCRIPT REQUIREMENT

Official transcripts are required for all previous or current schooling listed in the "Educational Background" section on page 1 of this application. Only official transcripts generated by the school on transcript paper and/or marked with an official seal will be accepted for review by the Selection Committee. Transcripts must bear your official first and last name. You may enclose transcripts with this application, or your school can mail your transcript directly to the address below.

AUTHORIZATION/CERTIFICATION/CONSENT

Please review your responses and sign your name below. If you are currently a high school senior or 1st year undergraduate student, you must give this application to your guidance counselor or high school official for completion of the "School Information & Evaluation" section below.

By signing and submitting this application, you expressly consent to permit ETS, its third party service providers, and the sponsor to transfer among themselves, and to use, the information, including personal information, submitted with this application/questionnaire, solely for the purposes stated herein.

I certify that all information provided on this form is accurate and true. Further, if I am currently a high school senior or first year undergraduate, I authorize my high school to release the information requested in the "School Information & Evaluation" section.

Student's Signature _____ Date _____
 Signature of Parent or Guardian _____ Date _____
 (if applicant is under age 18)

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION - To be completed by high school guidance counselor or school official.

Complete the information requested below, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's letters of recommendation.**

Please provide the following information regarding the applicant's academic record.

Student's Class Rank
 Student's Class Size
 Student's GPA • Weighted
 Unweighted
 GPA Scale •

Standardized Test Scores
(note: all SAT scores reported below must be from the SAME test administration.)

ACT	Test Date _____	Composite Score	<input type="text"/> <input type="text"/>
SAT	Test Date _____	Critical Reading	<input type="text"/> <input type="text"/> <input type="text"/>
	Writing	Math	<input type="text"/> <input type="text"/> <input type="text"/>

Please rate the level of difficulty of the courses this student has taken and passed:

Most Difficult Above Average Average Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. **Check only one box per statement.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application. Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Name of School Official _____
 Title/Position of School Official _____
 Signature of School Official _____
 Telephone Number (inc. area code) _____
 College Board HS Code
 Date _____
 E-Mail Address _____

Please make certain to include an official transcript. Mail all scholarship materials to:
ELIASON SCHOLARSHIP FUND
ETS SCHOLARSHIP & RECOGNITION PROGRAMS
 PO BOX 6730
 PRINCETON NJ 08541
SCHOLARSHIP MATERIALS MUST BE RECEIVED BY SRP NO LATER THAN APRIL 1, 2012.