Birch Freeman High School Old Boys Association, North America Chapter (BIFOBA NA) Scholarship Application Form

**Instructions**: Please fill out this form on your computer. Print, append your signature, scan it to your computer, and attach it to your letter of intent and/or other documents and e-mail to: bifobanascholarship@googlegroups.com.

Date:

Please affix your photograph here.

Applicant’s Identification:

|  |  |
| --- | --- |
| Name |  |
| Contact Address |  |
| Phone Number |  |
| Email Address |  |
| Guardian Name |  |
| Guardian Phone |  |

(Use the paragraph below to tell the scholarship application review committee basic information about yourself and why you are applying for this scholarship. Tell the committee about you, your family, your background, and anything else that may be of interest).

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(Use this paragraph to tell the scholarship application review committee about some of the classes you have taken and your extra-curricular clubs, sports, and other activities. Mention your hobbies, outside interests and any job or volunteer experience that you may have. You may want to mention any valuable experience you have gained from a particular volunteer effort.)

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(Use this paragraph to tell the scholarship application review committee about your plans, as they relate to the scholarship. Mention the school that you have your eyes on and what you intend to study. What are your plans post-university? Most importantly, describe why you need the scholarship money. How will this scholarship help you?)

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Use the paragraph below to provide the scholarship application review committee with any pertinent information to support your application.

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(Attach your required documents, like letters of recommendation, transcripts, and any other required information to support the application.) List the documents attached in the paragraph below.

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\*\*Feel free to add more information if needed and attach.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_