

**LAWRENCE L. OSBORN SCHOLARSHIP TRUST  
APPLICATION FOR FINANCIAL AID**

---

Name (last) first middle initial

---

Street City State Zip

---

Social Security Number Sex Date of Birth

---

Telephone Number (including area code) \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_

Graduate of Fountain Central H.S.? Yes \_\_\_ No \_\_\_

High school senior class standing \_\_\_\_\_ out of \_\_\_\_\_  
Attach a copy of high school and current college transcript.

Circle present year in high school   1   2   3   4  
  college   1   2   3   4   5   6

Post secondary school or college for which applicant's scholarship is requested and subject area applicant plans to pursue.

---

Name City State Subject Area

Accredited? Yes \_\_\_ No \_\_\_

Student is accepted \_\_\_\_\_ Pending \_\_\_\_\_ Enrolled \_\_\_\_\_

Will live on campus \_\_\_\_\_ Will commute \_\_\_\_\_

Father's or Guardian's Occupation \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Mother's or Guardian's Occupation \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Describe your work experience, indicate period of employment in each job, and list amounts earned on each job.

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Total Earnings \_\_\_\_\_

**DUE TO THE GUIDANCE DEPARTMENT APRIL 1.**

List membership and participation in school and community organizations and activities.

---

---

Make a statement of your aspirations and give other information you believe will help the selection committee.

---

---

---

Please state any unusual family or personal circumstances you feel warrant the attention of the selection committee.

---

---

Other family members in same household	Relationship	Age	Indicate if family members are employed full time or college students
--	--------------	-----	---

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Other scholarships, grants and loans you are seeking or have been awarded:

Source	Amount Sought/Received	Granted	Pending
--------	------------------------	---------	---------

1. 

---
2. 

---
3. 

---
4. 

---

Financial information to support this application. Attach complete parental confidential financial report.

Eligibility: This application may be completed by the student before notification of college acceptance but only those students accepted at an institution of higher learning will be eligible for aid provided through this application.

\_\_\_\_\_  
Applicant Signature

Lawrence L. Osborn Scholarship Trust

**PARENT OR GUARDIAN CONFIDENTIAL FINANCIAL REPORT**

1. Student's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. College or school to which the student is seeking admission \_\_\_\_\_

3. Net income of both parents on which income tax was paid:

\_\_\_\_\_ For year ending last Dec. 31

\_\_\_\_\_ Estimate for this year

4. Please list other dependent children attending college or trade school and the approximate amount of money you are contributing to their education:

\_\_\_\_\_

5. Please explain any unusual expenses in the recent past or anticipated in the near future which affect your ability to contribute to your child's education:

\_\_\_\_\_

\_\_\_\_\_

6. How much can you contribute to the applicant's education yearly? \_\_\_\_\_

7. How much do you estimate the applicant will be able to earn during the summer to apply to his education:

\_\_\_\_\_

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

Relationship to student : \_\_\_\_\_

Date: \_\_\_\_\_