*Academic Year 2020-2021*

Student Assistance Application

Full Name

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: M F:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail Scottish birth or ancestry:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List the secondary (high school or equivalent) from which you graduated:

Name & Location Dates Attended GPA/Class Standing

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List all institutions of higher learning you have attended, whether or not credit was received from courses taken.

Name Dates Attended Degree/Date GPA/Class Standing

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At what institution do you intend to use this scholarship?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled or accepted at this institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this institution accredited? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If GPA (Grade Point Average) is based other than on a 4.0 maximum, or if another grading

 system is used please explain.

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If you have not been accepted at this institution, what is the status of your application?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the program of study or training you propose to pursue?

List any academic honors or citations for leadership you have received.

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List any extracurricular activities that you believe give evidence of leadership skill, excellence of performance, or high levels of responsibility.

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If you have not been accepted, what is the status of your application?

**Vocational Experience:**

Organization/City Position Dates Salary/Wage

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List any other grants for study, scholarships, assistantships, fellowships or other financial assistance you have received previously:

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**Applicant’s Assets**

Bank Accounts -- checking, savings

certificates of deposit, etc. \_

Other Investments \_

Equity in Real Estate \_

Interest in Trusts or Estates \_

Other Assets not listed above  **\_**

TOTAL ASSETS \_

**Projected Academic Year Income**

Applicant’s summer income from all sources after federal,

state, local taxes and Social Security withholding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total support expected from parent(s), relatives, and spouse (including room and board at home if listed as an expense below).

Academic year salaries and wages after taxes, FICA

Social Security educational benefits, if any

Veteran’s or GI bill benefits, if any

Other scholarships, fellowships, and educational grants Income tax refunds

TOTAL PROJECTED ACADEMIC YEAR INCOME

**Projected Academic Year Expenses**

Tuition and fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books, equipment and supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing, laundry and cleaning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical and dental: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debt repayment:

Other expenses

TOTAL PROJECTED ACADEMIC YEAR EXPENSE

TOTAL PROJECTED FINANCIAL AID NEEDED

**Certification**

I certify that the information contained in this application and all attachments and sup- porting documents are complete and correct to the best of my knowledge and that I will provide supplementary documentary evidence on request. I understand that any willful misstatement may result in my application being rejected or any grant withdrawn.

 \_ Date Signature

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*All information provided is confidential and is for the sole purpose of evaluating the suitability of the candidate for a scholarship from the St. Andrew’s Society of San Francisco. The selection of the candidate is at the exclusive discretion of the Society.*