

GRACE ADELE FRARY SCHOLARSHIP APPLICATION FORM

(To be awarded at the next Frary Family Association's (FFA) Reunion)

Applicant's Full Name: _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Name(s) of Parent(s) or Legal Guardian(s): _____

Street Address: _____

City, State, Zip Code: _____ Telephone: _____

Name of Parent who has the connection with the Frary Family name:

Frary Family ID # (if known) _____

High School graduation year: _____

High School Name, City and State: _____

Name and address of University, College, or Trade School you will be or already are attending: _____

Your Major: _____ Your Minor (if applicable): _____

Full Sponsor name: _____

Sponsor's Street Address: _____

Sponsor's City, State, Zip Code: _____

Relationship of Sponsor to you _____ Sponsor's Frary Family ID#: _____
(Sponsor must be a close relative and a dues paying member of the Association)

I have written and enclosed a one-page letter to the FFA according to the guidelines.

I have notified my Sponsor so they may complete the Sponsor's Form. (I understand my Sponsor must be an on-going dues-paying Member of the FFA.

If I am awarded this scholarship I agree to send a photo and letter to the FFA Newsletter editor to be used in the post-reunion Newsletter that announces the scholarship winner.

Applicant's Signature: _____