GRACE ADELE FRARY SCHOLARSHIP SPONSOR'S FORM

Date:
Scholarship Applicant's Name:
Street Address:
City, State, Zip Code:
Sponsor's Full Name:
Sponsor's Frary Family ID # (if known):
Relationship of Sponsor to Applicant:
Sponsor Dues History:
I have already paid dues for previous odd year
I have already paid dues for current even Reunion year
In the space remaining, please tell us <u>briefly</u> why you believe that this applicant for the Grace Adele Frary Scholarship should be awarded the scholarship. (Type or neatly hand write). It's important that you return this form by April 30 th of the Reunion year to the Scholarship Chairpersons: Bill & Mary Ann Kelleher Riley, 19 Deveau Rd, North Salem, NY 10560-2114. Applications received after that date will not be considered.

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:			
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 must be a close relative and a dues paying it			
[] 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.			
[] If I am awarded this scholarship I agree to send a letter and/or photo to the FFA Newsletter editor to be used in the post-reunion Newsletter that announces the scholarship winner.			
Applicant's Signature:			