



**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's Frary Family ID#: \_\_\_\_\_

(Sponsor must be a close relative and a dues paying member for 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.

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: \_\_\_\_\_