

ALBERTINA BLOOM SCHOLARSHIP FUND

GRANT APPLICATION



APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address					
City		State		Zip Code	
Home Phone#		Cell Phone#			
Email Address				Date of Birth	___/___/___
Are you the first person in your family to attend college?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
PARENT INFORMATION					
Parent 1 Last Name		First Name		M.I.	
Parent 2 Last Name		First Name		M.I.	
Preferred Home Phone#		Preferred Cell Phone#			
Preferred Email Address					
HIGH SCHOOL INFORMATION					
High School Name					
High School Street Address					
H.S. City		H.S. State	GPA – PROVIDE TRANSCRIPT		
Graduation Date:	___/___/___	GPA	ENTER NUMBER HERE		

CO-CURRICULAR ACTIVITIES

COMMUNITY SERVICE/VOLUNTEER EXPERIENCE

PROSPECTIVE COLLEGES

College 1	
College 2 (if applicable)	
Planned Program of Study/Major	

INSTRUCTIONS AND ADDITIONAL REQUIREMENTS

Attach a 250-word (or less) essay on "My Future Plans" and copy of your High School Transcript reflecting your GPA
Complete the Free Application for Federal Student Aid (FAFSA) and be prepared to provide a copy of The Expected Family Contribution
Provide a copy of your acceptance letter from your college of choice (if known) and proof of admission.

DISCLAIMER AND SIGNATURE

I certify that the information provided is true and complete to the best of my knowledge.

Student Signature:	Date:
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