

Ben D. Conley
Charitable and Educational Foundation

P.O. Box 1419
Kilmarnock, VA 22482

Education Assistance Program
Scholarship Application

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

DATE OF BIRTH: _____

EDUCATION

List your previous schools, beginning with the most recent.

NAME OF SCHOOL: _____

YEAR OF GRADUATION: _____ GPA: _____

NAME OF SCHOOL: _____

YEAR OF GRADUATION: _____ GPA: _____

EXTRACURRICULAR ACTIVITIES

ACTIVITY: _____

BRIEF DESCRIPTION OF YOUR ROLE: _____

ACTIVITY: _____

BRIEF DESCRIPTION OF YOUR ROLE: _____

EXTRACURRICULAR ACTIVITIES cont.

ACTIVITY: _____

BRIEF DESCRIPTION OF YOUR ROLE: _____

ACTIVITY: _____

BRIEF DESCRIPTION OF YOUR ROLE: _____

FAMILY INFORMATION

FATHER'S NAME: _____ ANNUAL INCOME: _____

PLACE OF EMPLOYMENT: _____

MOTHER'S NAME: _____ ANNUAL INCOME: _____

PLACE OF EMPLOYMENT: _____

SIBLING: _____

SCHOOL: _____ AGE: _____

SIBLING: _____

SCHOOL: _____ AGE: _____

SIBLING: _____

SCHOOL: _____ AGE: _____

PLANS FOR FURTHER EDUCATION

COLLEGE OR UNIVERSITY THAT YOU PLAN TO ATTEND/CURRENTLY ATTEND:

YEAR: FRESHMAN SOPHOMORE JUNIOR SENIOR

MAJOR COURSE OF STUDY: _____

