

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: _____

TUITION: _____

ROOM AND BOARD: _____

BOOKS: _____

OTHER: _____ EXPLAIN: _____

TOTAL ESTIMATED EXPENSES: _____

SOURCE OF INCOME

STUDENT INCOME: _____

OTHER SCHOLARSHIPS YOU EXPECT TO RECEIVE

_____ \$ _____

_____ \$ _____

[illegible]

EXPLAIN YOUR NEED FOR THIS SCHOLARSHIP cont.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

I certify that I have read this application and it is accurate and complete to the best of my knowledge. I agree to use the funds granted for direct educational expenses and agree to provide any documents to verify such use if requested.

Printed Name of Applicant: _____

Signature: _____ Date: _____

Please attach a copy of your SAT score and high school transcript OR most recent college transcript.

Please provide two letters of personal recommendation from a teacher, school official, or other reliable source, with their contact information.

DEADLINE — APRIL 15TH

This scholarship is open to residents of Lancaster and Northumberland Counties