FAAGC Scholarship Application Form

	Please type or print your answers. If application is illegible it will be returned to you. Use back page if necessary
1.	Last Name: First Name:
2.	Mailing Address:: Street: _____ City: State: ZIP:
3.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City:_____ State: _____ ZIP:_____ Home phone of parents or legal guardians:
4.	Daytime Telephone Number: ( )
5.	Date of Birth: Month Day Year
6.	Current High School: Date of Graduation:
7.	I will be attending the following school: _____ On the following date (Month, Year): _____ Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds.**
8.	I have/My family has been a member of FAAGC since:
9.	I have contributed to FAAGC in the following ways: Use reverse side of application or another sheet of paper if you need more space. - Dance troupe _____ - Filipino Youth Group of Ridgeview High School _____ - Other _____
10.	What achievements have you accomplished so far? (At least three sentences please. Please also attach a resume, if available.)
11.	What are your educational and professional goals and objectives? How will receiving this scholarship help you towards those goals and objectives? (At least three sentences please.)

I hereby certify that all information in this application is true.

_____ _____

Signature (Applicant)/Date Signature (Advisor, FAAGC Coordinator/Officer)