

APPLICATION FOR THE LAKE AND RUTH LYTAL SCHOLARSHIP

PART I: APPLICANT'S PERSONAL DATA

1. Full name _____
2. Social Security number _____
3. Home address and phone _____

4. Address and phone while at school _____

5. Date of birth _____ Marital status _____
6. Father's name _____ Occupation _____
7. Mother's name _____ Occupation _____
8. List the names and addresses of two personal references, unrelated to you, who are Florida residents. Attach a letter from each.
 - a. _____

 - b. _____

9. The name and address of the school you plan to attend during the next school year _____

10. Your college status the next school semester will be: (check one)
Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate ____ Other
11. The school you are now attending, or last attended, as a student _____

12. Your grade point average _____
13. Total college credits accumulated _____ Major _____
14. What have you chosen for your career? _____
15. Will you be attending college full or part time? _____
16. Estimated hours per semester _____
17. Will you be working while in school next year? _____
Type of employment _____
18. Are you at the present time receiving, or have you applied for, grant or loan assistance from another source? _____ If yes, please list them in Part II, Section B.
19. Are you a member of SFFCU, A Division of Guardians CU? _____

PART II: FINANCIAL DISCLOSURE

Please include copies of the most recent 1040, 1040A, or 1040EZ for yourself and guardian(s). If you have not filed please so state.

List enclosed items _____

A. ANTICIPATED EDUCATION EXPENSES:

Semester A		Semester B	
Tuition	\$ _____	Tuition	\$ _____
Books	\$ _____	Books	\$ _____
Room/Board	\$ _____	Room/Board	\$ _____
Mis.	\$ _____	Mis.	\$ _____
Total	\$ _____	Total	\$ _____

B. ANTICIPATED FINANCIAL AID:

Other financial aid being received, or applied for, by applicant:

Source _____	Amount \$ _____

(Please mark "applied" next to those amounts you have applied for but may not receive.)

C. ASSETS (Guardian and Applicant)

Automobiles

	Vehicle A	Vehicle B	Vehicle C	Vehicle D
Year	_____	_____	_____	_____
Make\Model	_____	_____	_____	_____
Estimated Value	_____	_____	_____	_____
Balance Owed	_____	_____	_____	_____

Applicant drives Vehicle A B C D (circle one)

Applicant owns Vehicle A B C D none (circle one)

Real Estate

Principal Dwelling: Own _____ Lease _____

Name of Owner or Lessee: _____

Rent/Mortgage payment per month: \$ _____

If owned: Appraised Value \$ _____ Balance on Mortgage \$ _____

Other Assets

Type : _____	Value: \$ _____	Balance Owed: \$ _____
Type : _____	Value: \$ _____	Balance Owed: \$ _____
Type : _____	Value: \$ _____	Balance Owed: \$ _____
Type : _____	Value: \$ _____	Balance Owed: \$ _____

D. DEPENDENTS:

	Age	Live with Guardian?		% of Guardian Support				
		Yes	No	100	75	50	25	0
Applicant	_____	Yes	No	100	75	50	25	0
_____	_____	Yes	No	100	75	50	25	0
_____	_____	Yes	No	100	75	50	25	0
_____	_____	Yes	No	100	75	50	25	0

E. ANTICIPATED HOUSEHOLD INCOME:

	Applicant	Mother	Father	Other
Yearly Salary	\$ _____	_____	_____	_____
Other Income	\$ _____	_____	_____	_____
Total Income	\$ _____	_____	_____	_____
		Total	\$ _____	_____

Other pertinent financial information:

F. Please list community involvement with any non-profit organization or other charities. (Be specific as to how you volunteered, time spent and what your involvement was.)

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

_____	_____	_____	_____
Applicant	Date	Parent\Guardian (If applicable)	Date

- * Attach proof of enrollment or acceptance into a College or University.
- * Attach a copy of the most recent GPA. (If 1st semester in College, the last GPA in High School must be attached.)
- * Applicant must be a member of SFFCU, A Division of Guardians CU to qualify for a scholarship.