

Application For

*ARCOLA FOUNDATION
GWEN MARIE BOYD MEMORIAL FUND SCHOLARSHIP*

Name: _____ Last 4 digits of SSN: _____
Address: _____ Phone: () _____
City, State & Zip Code: _____
Email: _____
Date of Birth: _____ Place of Birth: _____ Age: _____
Name of High School _____ Date of Graduation: _____

Name of college or university you plan to attend during 2023-2024 school year:

Name: _____

Address of Financial Aid Office: _____

Degree Seeking: _____

Total Cost of Attendance for 2023-2024 school year: \$ _____

(Do not leave this blank or estimate the amount. Contact the Financial Aid Office for specific cost-of-attendance figures.)

Date

Signature of Applicant

TO BE COMPLETED BY APPLICANT:

Father's Name: _____ Age ____ Occupation: _____

Mother's Name: _____ Age ____ Occupation: _____

Parent's Marital Status: Married/Single/Widowed/Divorced/Remarried

Father: _____ Mother: _____

Parent's 2022 Adjusted Gross Income \$ _____

Applicant's 2022 Adjusted Gross Income _____

All other taxable or non-taxable income (including social security,
disability, interest, dividends, etc.) _____

TOTAL INCOME (Total of Above) \$ _____

(Attach a copy of the first two pages of your parent's and your 2022 federal income tax return to this application.)

Parent's household size in 2022-23 (include yourself) _____

Number of family members attending college 2022-23 (include yourself) _____

2022 Medical and Dental expenses (not paid by insurance including
health insurance premiums) \$ _____

Current Market Value of home \$ _____ Balance of Mortgage _____

Parent's current cash (cash, checking, savings, CDs) _____

Parent's investments (stocks, bonds, etc.) _____

Applicant's current cash (cash, checking, savings, CDs) _____

Any unusual circumstances (Please explain)

IMPORTANT

PLEASE ATTACH A COPY OF YOUR COMPLETED FAFSA and/or FAFSA STUDENT REPORT. WITHOUT THIS INFORMATION, YOUR APPLICATION CAN'T BE CONSIDERED.

Please mail your application **NO LATER THAN** June 1st to:

Attn: Scholarships Jennifer Shafer
Arcola Foundation
P.O. Box 100
Arcola, IL 61910

If you should have any questions regarding this application, call or email Jennifer Shafer at (217) 268-4911 or jennifershaf3@gmail.com

Your application & financial materials will be reviewed by an outside evaluator. All financial information will be destroyed.