CASPER MILLS SCHOLARSHIP FOUNDATION

APPLICATION

I, the undersigned applicant for a scholarship from the Casper Mills Scholarship Foundation, represent that the following statements are true and correct:

PERSONAL INFORMATION			
Name			
Date of birth Age	Socia	al Security #	
Current address			
Permanent address (if different) _			
Cell #	Home phone		
Email			
Marital status	_ Name of sp	oouse	
Names and ages of children			
Parents / Guardians:			
Father	Birthplace		
Mother	Birthplace		
Sibling information:			
Name	Age	Specify residence if not with you	

EDUCATIONAL INFORMATION

Name of high school		City _		
Date of Graduation	GPA			
Name of community colle	ge/university			
Dates attended	Cumulative GPA			
College/university expecte	ed to attend			
Major/field of study				
Degree expected	Expected date of graduation			
Career goals				
Community, Volunteer &	Extracurricular activ			
Organization	Position	Da	ates	
Honors/Awards				
Name			Date	

FINANCIAL INFORMATION

Employment history (most recent first)

Job title	Employer	City/State	Dates	Salary

Family Employment History

Mother/Stepmother/Legal Guardian	
Occupation	Employer
Length of employment	Annual gross income
Father/Stepfather/Legal Guardian	
Occupation	Employer
Length of employment	Annual gross income
<u>Spouse</u>	
Occupation	Employer
Length of employment	Annual gross income
Family Assets	
Do you or your parents own a home of	r apartment?
Date of purchase	Purchase price
Current value (estimate)	Mortgage balance
Other real estate equity	
Do you or your parents own an autom	obile? Make/s and year/s

Income from all/any sources other than employment during the past two years.	ears (include
scholarships, savings, investments, trust funds, parents and/or other family	members)

Source	Amount	Date Rec'd

Please remember to attach a copy of your most recent Income Tax return. If you are a dependent, please provide a copy of your parents' most recent tax return.

I hereby acknowledge that the Casper Mills Scholarship Foundation is relying upon, among other things, the Applicant's above-stated representations. If the Board of Directors should determine that one or more of the above representations is/are not true, the Directors may immediately discontinue any award and may seek to recover monies awarded to the applicant.

Applicant signature	Date	