



P.O. Box 542, Saxonburg, PA 16056

Saxonburg Area Business Association
Scholarship Application
for
*Students Planning a Career in the
Field of Business*

Please complete the entire application.

Deadline: _____

SECTION I. Personal Data

Name: _____ Graduation Year: _____

Address: _____ Social Security No: _____

_____ Telephone Number: _____

Name and address of post-secondary school you will be or are attending: _____

Have you been accepted? _____

Expected year of graduation? _____

Education and career goals (*be specific and attach additional pages if needed*): _____

SECTION II. Financial Data.

A. Estimated Expenses: (*one year*)

a. Tuition: \$ _____

b. Room and Board \$ _____

c. Other (*explain*) \$ _____

Total Estimated Expense \$ _____

B. Occupation History

- a. Your Occupation: _____ Employer: _____
- b. Father's Occupation: _____ Employer: _____
- c. Mother's Occupation: _____ Employer: _____
- d. How many siblings do you have and what are their ages: _____

- e. Will any of them be attending college or post-secondary school next year? _____

SECTION III References not a relative (*at least one must be a teacher*)

- 1. _____ Relationship to you: _____ Phone: _____
- 2. _____ Relationship to you: _____ Phone: _____
- 3. _____ Relationship to you: _____ Phone: _____

SECTION IV Extra Curricular Activities

SECTION V Awards

SECTION VI Other Activities and Hobbies

SECTION VII TO BE COMPLETED BY THE GUIDANCE OFFICE

Class Rank _____ Please attach a copy of Transcripts

Probable success in indicated career goal (circle one)

Very Probable Probable Possible Not Likely

Other Comments: _____

SECTION VIII Release Authorization

I/we hereby authorize the release of information as requested through this application to the Scholarship committee of the Saxonburg Area Business Association.

Signature of Applicant

Signature of Parent

Date

Date