## Ben D. Conley Charitable and Educational Foundation P.O. Box 1419 Kilmarnock, VA 22482

## Education Assistance Program Scholarship Application

PERSONAL INFORMATION			
LAST NAME:	ME: FIRST NAME:		
STREET ADDRESS:		_	
	STATE: ZIP CODE:		
SOCIAL SECURITY NUMBER:	PHONE NUMBER:		
DATE OF BIRTH:			
EDUCATION			
List your previous schools, beginning	g with the most recent.		
NAME OF SCHOOL:			
YEAR OF GRADUATION:	GPA:		
NAME OF SCHOOL:			
YEAR OF GRADUATION:			
EXTRACURRICULAR ACTIVITIES  ACTIVITY:			
BRIEF DESCRIPTION OF YOUR ROLE:			
ACTIVITY:			

EXTRACURRICULAR ACTIVITIES cont.						
		DOLE.				
		ROLE:				
FAMILY IN	NFORMATION					
FATHER'S NAME:		ANNUAL INCO	ANNUAL INCOME:			
PLACE OF	EMPLOYMENT:					
MOTHER'S NAME:		ANNUAL INCO	_ ANNUAL INCOME:			
PLACE OF	EMPLOYMENT:					
SIBLING:						
SCHOOL:				AGE:		
SIBLING:						
SCHOOL:			AGE:			
SIBLING:						
SCHOOL:				AGE:		
PLANS FC	OR FURTHER EDUCA	TION				
COLLEGE	OR UNIVERSITY THA	T YOU PLAN TO ATTEN	D/CURRENTLY ATT	END:		
		SOPHOMORE				
MAJOR C	OURSE OF STUDY:					

ANNUAL COST FOR SCHOOL			
TUITION:			
ROOM AND BOARD:			
BOOKS:			
OTHER:	EXPLAIN:		
TOTAL ESTIMATED EXPENSES:			
SOURCE OF INCOME			
STUDENT INCOME:			
OTHER SCHOLARSHIPS YOU EXPEC	T TO RECEIVE		
		\$	
		\$	
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		_ \$	
		<del></del>	
EXPLAIN YOUR NEED FOR THIS SCI	HOLARSHIP		
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EXPLAIN YOUR NEED FOR THIS SCHOLARSHIP cont.				
	s accurate and complete to the best of my knowledge ational expenses and agree to provide any documents			
Printed Name of Applicant:	<del></del>			
Signature:	Date:			
Please attach a copy of your SAT score and h transcript.	ign school transcript OR most recent college			
Please provide two letters of personal recomother reliable source, with their contact info	nmendation from a teacher, school official, or rmation.			

## **DEADLINE** — JUNE 15TH

This scholarship is open to residents of Lancaster and Northumberland Counties