



Farmington Emblem Club #460 Scholarship



Student's Name: _____

Student's Telephone: _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

Mother's Name: _____

Father's Name: _____

Related to an Emblem Club Member?

Yes

No

If yes, name of member and relationship: _____

High School Attended: _____

High School GPA: _____

Name of College or School Attending
Or Plan to Attend: _____

Address of College or School's

Financial Aid Office: _____

Financial Aid Office Phone
Number: _____

Program and Major: _____

Expected date of
Graduation: _____

Yearly Expenses (Tuition,
Room & Board, Books, etc.): _____

Please comment on any unusual circumstances:

With your application, please submit: Two letters of Recommendation from someone not related, a Transcript, and a letter describing yourself and activities that you have been involved in the past 4 years.

Signature of Applicant: _____

Signature of Parent (if
applicant is under 18 years old): _____

Please return to High School Guidance Office by 02/01/2026 or email to SCSmith.Wbbf@gmail.com

Not all High Schools will have scholarship recipients.