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 C	lub Member?	Yes	No	
If yes, name of member ar	nd relationship:			
High School Attended:			High School GPA:	
Name of College or Scho Or Plan to Atte	-			
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	t on any unusual circ	umstances:	

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 03/01/2025 or email to SCSmith.Wbbf@gmail.com

Not all High Schools will have scholarship recipients.