THE SALVATION ARMY Southern Territorial Headquarters ERNEST FRANK TRUST

Type or Print Please



SCHOOL YEAR APPLYING FOR: ______ Applications accepted January 1 – March 31 Annually

Full Name:		Social Secu	rity #:		
Address:					
E-mail Addres	55:	(Use school email. Print ne	eatly, this is how we v	vill communicate with you)	
Phone Numbe	er:	_ Married: Present A	ge: Date	of Birth:	
Name of Scho	ool:	N	lajor:		
School Addre	ss:		Estimated Gr	aduation Date:	
Is this college	accredited?	Is this a 4-year colleg	e?	-	
Freshman:	Sophomore:	Junior: (3 rd Year)		Senior:	
(1 st Year)	(2 nd Year)	(3 rd Year)	(4 th Year)		
What Corps d	lo you attend?	ny College for Officers Training:			
Name of Pare	ent(s):				
1. 2. 3. 4. 5.	Acceptance at an Accredited A You must carry a full-time stud You must maintain a 2.0 Cumu You must reply promptly to an All grants are on an annual bas provided of course that you ha	Inderstand and comply with the for cademic or Vocational College. y program each semester, so that lative Grade Point Average or abo y request for information from th is; however, it is our intention to ve met the above requirements. Inment issued photo identification	you will graduate in ove during the entire s e School for Continuin continue such grants	four (4) years. school term. ng Education (via email or pho	one).
I do understa	nd and I will comply with the ab	ove requirements.			
Applicant's Signature:			Date:		
Commanding Officer's Signature:			Date:		
Commanding	Officer's Printed Name:				

TENTATIVE BUDGET WORKSHEET

College Year Fall 20 _____ to Spring 20_____

	INCOME	
FROM PARENTS/LEGAL GUARDIAN:		
OFFICER CHILD SCHOLARSHIP/GRAM	NT:	
SAVINGS:		
EMPLOYMENT SCHOLARSHIPS:		
OTHER LOANS, SCHOLARSHIPS OR I	NCOME:	
THE AMOUNT OF THIS SCHOLARSHI	P:	
	TOTAL:	
	EXPENSE	
TUITION:		
BOOKS/SUPPLIES:		
ROOM & BOARD:		
MEDICAL & DENTAL:		
TRAVEL/TRANSPORTATION:		
INSURANCE:		
OTHER EXPENSES (SPECIFY):		
	TOTAL:	
DIVISIONAL FINANCE BOARD STAMP	EDUCATION COUNCIL STAMP	BOARD OF TRUSTEES STAMP