



Daytime Telephone _____ E-mail Address _____

Name _____ Maiden name (if married) _____
 (last) (first) (m.i.)

Permanent Address _____
 (street) (city) (county) (state) (zip)

Date of Birth _____ Social Security Number _____

High School Attended _____ Graduation Date or GED completion date _____

College/Technical College _____

Institution Address: _____

Degree you are wishing to pursue _____

When do you plan to graduate from post secondary school: Month _____ Year _____

FINANCIAL INFORMATION
(previous 3 months)

Wage & Salaries (gross) \$ _____	Self-employed income (net) \$ _____	Family Size _____
Maintenance (alimony) if it is.....\$ _____		
a. regularly received; and		
b. Ordered to extend 5 years beyond today's date		
Lifetime pensions, death benefits, veteran's compensation.....		
for service-connected to permanent disability.....\$ _____		
Government & armed forces retirement.....\$ _____		
Interest or dividends from investments.....\$ _____		
Rental income (net).....\$ _____		
TOTAL INCLUDED INCOME.....\$ _____		
		X4
TOTAL ANNUAL INCOME.....\$ _____		

Please write a letter explaining your financial need and current situation? (i.e. lost your job, recently divorced, relocated). Also include why you chose your field of study? When you obtain your degree what would you like to do and where you would like to work? Please attach your letter not to exceed 1 page.
 Call AEOA at 322-6504 for an appointment if you want to discuss your situation further.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

_____ Date

_____ Signature