

**HIGDON FAMILY ASSOCIATION, INC.
SCHOLARSHIP APPLICATION**

HFA Sponsor:¹ _____ Student: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Birthdate: _____

1. What professional field do you plan to enter? _____

2. Which school do you plan to attend?

Name of school	City	State	Zip
From (Month/Year) – To (Month/Year)			Degree

3. Have you applied for admission to this school? YES _____ NO _____

4. SAT Test Results: Verbal _____ Math _____

5. Are you a citizen of the United States? _____ If not, what country? _____

6. Data pertaining to parent or guardian (person contributing major financial support)

Name _____ Relationship _____

Employer _____
Company Name City State Zip

7. Number of brothers and sisters _____ Number at home _____ Ages _____

8. *Estimated family income: Father: _____ Mother: _____ Other: _____

9. Approximate amount of financial assistance needed for education per year:

Tuition and Books _____ Living Expenses _____

10. Describe any employment you have had after school and during vacations.

11. Describe your employment plans, if any, to help with school expenses.

¹ A member of The Higdon Family Association must sponsor you.

