

**INGEBORG A. BIONDO MEMORIAL FOUNDATION
SCHOLARSHIP APPLICATION**

Applicant's Name: _____

Address: _____

Please indicate the Township in which you currently reside: _____

Telephone: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____ Occupation: _____

Employer's Name: _____

Mother's Name: _____ Occupation: _____

Employer's Name: _____

How Long Have You Attended Your Current School District? _____

Marital Status: _____

Academic Status:

High School _____ G.P.A. _____

College _____ Major _____ G.P.A. _____

Other _____

Intended Major: _____

What Schools Did You/Are You Applying To Or Are Attending?
(Top Three Choices)

_____ accepted (yes/no)

_____ accepted (yes/no)

_____ accepted (yes/no)

2 yr traditional _____ 4 yr traditional _____ correspondence _____ on-line _____

Indicate As Accurately As Possible Your Anticipated School Costs For Next Year:

Tuition Per Year: \$ _____ Fees Per Year: \$ _____

Room & Board: \$ _____ Other (Specify): _____

Transportation: \$ _____

Total Cost Per Year: \$ _____

Candidate's Financial Statement:

Household Income: Under 40K 40K – 75K Over 75K

Number Of Dependent Children In Family Presently Living At Home: _____

Number Of Children In Family Who Will Be Enrolled In A Post

High School Educational Program In The Current Year

(Do Not Include Candidate): _____

Other Dependents: _____

(Relationship) _____

Are There Any Special Circumstances In Your Personal Life Which You Would Like To Make The Committee Aware Of, Relating To Financial Need Or Obstacles You Have Overcome? _____

Do You Have Your Own College Savings? (Yes/No) Estimated Amount: \$ _____

Employment And Expected Earnings This Summer:

_____ Estimated Amount: \$ _____

Other Sources Of Financial Aid (Please Specify): _____

Please List Other Aid You Expect To Receive Or Have Applied For:

We Certify That We Have Read This Application And That The Information Listed Above Is Accurate And Complete to the Best Of Our Knowledge.

Date

Applicant Signature

Date

Parent/Guardian Signature

ON A SEPARATE SHEET ATTACH THE FOLLOWING:

1. List Community Activities (Recognition/Awards) In Which You Participated Grades 9-12.
2. List Work Experience. (List Your Present Job First) Indicate Your Job Title and Employer's Name, Address And Length Of Time You Held Job.
3. List Hobbies, Special Talents Or Training. (Explain Briefly If Necessary)
4. List Your Achievements.

ON A SEPARATE SHEET PLEASE ATTACH A
STATEMENT OF AT LEAST 250 WORDS ENTITLED:

“Why I Want to Enter the World of Special Education”

PLEASE HAVE REFERENCES AND SCHOOL OFFICE FORWARD:

- Two letters of recommendation by non-family members
 - Official sealed transcript

directly to:

Ingeborg A. Biondo Foundation Scholarship
PO Box 231
Milford, PA 18337

DEADLINE: MARCH 31, 2010