

**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: \$ \_\_\_\_\_



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