

# ALEXANDER SCHOLARSHIP FUND

Sponsored by the U.S. Area

International Association of Y's Men's Clubs

APPLICATION ( 8 pages )

**PLEASE PRINT OR TYPE CLEARLY**

**Date** \_\_\_\_\_

**1. Name**

\_\_\_\_\_

Last

First

Middle

SSN

**2. Present address** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

Phone #

**3. Permanent address** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

Phone #

**E-Mail address:** \_\_\_\_\_

**4. Birthplace** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Citizen of what country** \_\_\_\_\_

**5. Marital Status: Single** \_\_\_\_\_

**Married** \_\_\_\_\_

**Divorced** \_\_\_\_\_

**Separated** \_\_\_\_\_

**6. Number of Children** \_\_\_\_\_

**Ages** \_\_\_\_\_

**Other Dependents** \_\_\_\_\_

**7. Religious Affiliation** \_\_\_\_\_

**Member? Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**8. Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

Phone#

**9. Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

Phone#

**10. High School(s) attended** \_\_\_\_\_

**Graduation Date** \_\_\_\_\_

**Colleges attended** \_\_\_\_\_

**Dates** \_\_\_\_\_

**Degree(s) received** \_\_\_\_\_

**Date** \_\_\_\_\_

**11. College Scholarships and Loans received to date:**

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

**12. Please provide at least three references from persons (not related to you) knowledgeable of your scholastic record and character.**

Name	Address	City	State	ZIP	Phone#

**13. STUDY PROJECT:** Describe below the educational program for which you have been accepted. \_\_\_\_\_

College/ University Major/Area of Concentration \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

City	State	ZIP	Phone#

**14. OBJECTIVES:** What are your career objectives for YMCA service? How is the completion of your study program expected to help you achieve those objectives? When will you complete this study? PLEASE USE A SEPARATE PAGE TO RESPOND TO THESE QUESTIONS.

**15. AWARDS AND RECOGNITIONS:** Please list special recognitions and awards you have received in high school or college.

<u>AWARD</u>	<u>PURPOSE OF AWARD and DATE RECEIVED</u>

16. List activities in which you participated and offices you held while in high school or college, i.e. YMCA or YWCA member, Boy or Girl Scout, church member, etc.

**ACTIVITY, OFFICE HELD, and YEARS**

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17. List experiences you have had which demonstrate your ability to teach or lead people.

**POSITION, ORGANIZATION and YEARS**

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**18. FUTURE EMPLOYMENT:**

In making this application for a scholarship, it is my considered purpose and intent to fit myself for professional service in the YMCA, and obtain such a position upon graduation, or as soon as a position is available. In addition, will keep the Area Service Director informed of my whereabouts until this agreement is satisfied in full.

19. I certify that this application contains the truth that it is given in good faith, and without reservations. I give permission for the Financial Aid Office at the institution, where have been accepted, to share data with the Scholarship Committee.

Date \_\_\_\_\_ Signature \_\_\_\_\_

- **This agreement will be kept on file and submitted to the student for verification upon graduation.**

**Y'S MEN INTERNATIONAL, U.S. AREA**  
**ALEXANDER SCHOLARSHIP FUND**  
**Application Supplement - Part I (confidential)**

(to be completed by applicant)

PLEASE TYPE OR PRINT CLEARLY

**1. Name** \_\_\_\_\_

**2. BUDGET ESTIMATE FOR LOAN PERIOD 20\_\_ -20\_\_.** (July 1 through June 30)  
 Persons receiving assistance are expected to be economical and to apply for aid only in the amount necessary to meet minimum needs.

Please complete this budget for the year in which you are requesting assistance.  
 Note that you are asked to furnish financial data from the previous year for comparison.

**RECEIPTS of Actual EXPENSES and Actual LOANS of the preceding year are requested.**

Scholarship or Fellowship \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Alexander Scholarship \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_

Other Loans \$ \_\_\_\_\_ or Living Expenses \$ \_\_\_\_\_

Summer earnings \$ \_\_\_\_\_ Insurance coverage amount & type \_\_\_\_\_

Earnings during Health Care \$ \_\_\_\_\_ For which academic year? \_\_\_\_\_

Travel expenses \$ \_\_\_\_\_

Other receipts:

Funds from parent's \_\_\_\_\_ All other expenses (Specify): \_\_\_\_\_

Other \_\_\_\_\_

Total Budget \$ \_\_\_\_\_ Total of budget from loans \$ \_\_\_\_\_

(If car expense is included, please explain how it will be used.)

\_\_\_\_\_

**Y'S MEN INTERNATIONAL, U.S. AREA**

**ALEXANDER SCHOLARSHIP FUND**

**Application Supplement - Part I (Confidential) Continued**

3. Give name and amount received of scholarships/fellowships listed above. \_\_\_\_\_

\_\_\_\_\_

4. Have you applied for or received any student aid toward your education? If so, please indicate from whom, when, and the amount. \_\_\_\_\_

\_\_\_\_\_

5. State in full your present indebtedness, if any. \_\_\_\_\_

\_\_\_\_\_

6. Have you earned any money by your own efforts during the past four years? If so, state the means and the amount. \_\_\_\_\_

\_\_\_\_\_

7. Do you expect to earn money while at school? YES \_\_\_ NO \_\_\_

If yes, how much? \$ \_\_\_\_\_

8. In your best judgment, what is the minimum amount of financial assistance you will require?

\$ \_\_\_\_\_.

**In consideration of my academic record and the facts set forth in this application, I respectfully petition that scholarship be awarded me for the academic year 20\_\_ - 20\_\_.**  
**So far as I am able to determine the information given is correct.**

**I give permission for the Alexander Scholarship Committee to discuss the above financial data with the Financial Aid Office of the institution to which I have been accepted for study.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

**Y'S MEN INTERNATIONAL, U.S. AREA**  
**ALEXANDER SCHOLARSHIP FUND**  
**Application Supplement - Part II (Confidential)**

(to be completed by parent or guardian if applicant is **not** self-supporting)

1. Name of Parent or guardian \_\_\_\_\_

2. Address \_\_\_\_\_

City	State	ZIP	Phone #
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3. If employed, state position \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. If self-employed, state profession/occupation. \_\_\_\_\_

5. What is your annual income from all sources for this calendar year? \_\_\_\_\_

6. Does the applicants other parent have a separate income? YES \_\_\_ NO \_\_\_

If yes, what is the source and amount? \_\_\_\_\_

7. Other family child names in school or college? YES \_\_\_ NO \_\_\_

If yes, do they contribute to the family's income? YES \_\_\_ NO \_\_\_

If yes, how much? \$ \_\_\_\_\_ List there name(s), sex, age and if self-supporting?

8. Do you have other dependents? YES \_\_\_ NO \_\_\_

If yes, how many and to what extent are they dependent upon you? \_\_\_\_\_

9. Does the applicant have any independent resources of his/her own? YES \_\_\_ NO \_\_\_

If yes, what is the amount? \$ \_\_\_\_\_

10. Do you own your own home? YES \_\_\_ NO \_\_\_ Fair market value \$ \_\_\_\_\_

Mortgage/month \$ \_\_\_\_\_

11. Market value of other real estate owned \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

12. Market value of securities owned \$ \_\_\_\_\_

13. Value of life insurance carried \$ \_\_\_\_\_

14. Please state any other facts not listed above which limit the amount of support you are able to provide the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. I shall be able to provide the applicant with \$ \_\_\_\_\_ toward expenses for the academic year 20\_\_ - 20\_\_.

**I have read all the statements on this application, and to the best of knowledge and belief they are correct. I certify that son/daughter meets the test of eligibility as far as financial need is concerned, to the amount specified in Part I of the Application Supplement.**

**I give permission for the Alexander Scholarship Committee to discuss the above data with the Financial Aid Office of the institution where my son/daughter has been accepted for study.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**ALEXANDER SCHOLARSHIP FUND**

Y's Men International, U.S. Area

**Interview report by YMCA Director or Y's Men's Club**

Name of person interviewed \_\_\_\_\_ Date \_\_\_\_\_

Complete address \_\_\_\_\_

Zip \_\_\_\_\_

**1. YMCA experience: Member ( ) Volunteer leader ( ) Other ( ) None ( )**  
Specify details:

**2. YMCA employment: Full-time ( ) Part-time ( ) Other ( )**

**3. Why does the applicant want to be a YMCA professional?**

**4. In what types of YMCA work does the applicant express an interest?** \_\_\_\_\_

Youth ( ) Adults ( ) Business ( ) Student ( ) Physical ( )

Topics discussed:

Apparent strengths? Specify:

Apparent weaknesses? Specify:

Your impressions and recommendations:

**Is this applicant the kind of person you would employ as a professional staff member?**

Yes ( ) No ( ) Please explain: \_\_\_\_\_

**On the whole, would you rate this person's possibilities for a successful YMCA career as:**  
Outstanding ( ) Above average ( ) Average ( ) Limited ( )

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_

**Please mail to:**

**Dean Currie - Area Service Director ASF, 629 Lantana Lane, Imperial, CA 92251**

**Questions? Send an e-mail to: [kidcurrie@adelphia.net](mailto:kidcurrie@adelphia.net)**