

**AFAPA SCHOLARSHIP APPLICATION****1. Personal Information**

Name (last, first, middle): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you been notified that you will receive any other financial aid? \_\_\_\_\_

If so, please detail: \_\_\_\_\_

*Select one:*\_\_\_\_\_ Biological or Adopted Child of Alabama Foster Parents (*Skip to #3*)\_\_\_\_\_ Child adopted through Alabama DHR County of adoption: \_\_\_\_\_ (*Skip to #3*)

\_\_\_\_\_ Child in foster care

**2. Foster Care Information**

Foster Parent Name: \_\_\_\_\_ County or agency of approval: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ County: \_\_\_\_\_

**3. Leadership Activities** (*please use extra sheet if needed*)**4. On a separate sheet of paper and in your own words please make a brief statement of why you are applying for this scholarship. Include your hopes for the future and what you expect to contribute to society.***Consideration for Scholarship -*

- Be a child in the state custody whether living in a foster home, group home, independent living placement, etc. Birth and/or adoptive children of foster parents and children adopted through Alabama DHR system are also eligible.
- Fill out all the questions on this application.
- Be 21 years old or younger as of June 1<sup>st</sup> in year of application.

*For Your Information*

- Unused portion or appropriate percentage of funds must be returned if recipient withdraws from school or does not maintain grade point average required by institution to remain in school.
- Scholarship funds may be used for tuition, maintenance fees, books, and/or school supplies.
- Funds will be paid directly to the college/university or vocational school -- not to recipient.
- If chosen to receive scholarship, provide your Student ID # and the address of the college/university/trade or vocational school.

All information contained in the above application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date*Please send completed application to one of the following:**Stacy Justice, stacy@afapa.org • AFAPA, 100 Wayne Drive, Tuscumbia, AL 35674*