

FAMILY INFORMATION

Father: _____ Employed: Yes No Where: _____

Mother: _____ Employed: Yes No Where: _____

Number of children _____ Number _____ Number
Older than you: _____ Younger _____ Currently Attending College _____ Living at Home _____

EXPECTED INCOME:

Amount Saved _____ Amount you plan _____ Amount your family
by you: _____ to earn this summer: _____ will contribute: _____

Do you have any physical handicaps? Yes No If yes, please explain: _____

List Honors or Awards you have received: _____

Special Family Circumstances:
(Describe briefly) _____

Date: _____ Applicants Signature: _____

Attach a copy of your School Record

**The Frank P. Waters Scholarship may only be used for vocational training; the program
the student enrolls in *must* be for *two years or less*.**