

BERNARD AXELRAD SCHOLARSHIP FUND
APPLICATION

I, the undersigned applicant for a scholarship from the
BERNARD AXELRAD SCHOLARSHIP FUND,
represent that the following statements are true and correct:

PERSONAL INFORMATION

Name _____

Date of birth _____ Social Security # _____

Current address _____

Phone (cell) _____ Phone (home) _____

Email _____

Permanent address _____

Parents / Guardians:

Father _____ Phone _____

Mother _____ Phone _____

Your marital status _____ Name of spouse _____

Names/ages of children _____

Siblings:

Name	Age	Specify residence if other than yours

EDUCATIONAL INFORMATION

Name of high school _____ City _____

Date of Graduation _____ Grade point average _____

Name of community college _____

Address _____

Dates attended _____ Grade point average _____

College/University you expect to attend _____

Major/field of study _____

Degree expected _____ Expected date of graduation _____

Career goals _____

Community, volunteer & extracurricular activities during high school/college

Organization	Position	Dates

Honors or Awards during high school/college

Name	Date

FAMILY FINANCIAL INFORMATION

Employment History

Mother/Stepmother/Legal Guardian

Occupation _____ Employer _____

Length of employment _____ Annual gross income _____

Father/Stepfather/Legal Guardian

Occupation _____ Employer _____

Length of employment _____ Annual gross income _____

Spouse

Occupation _____ Employer _____

Length of employment _____ Annual gross income _____

STUDENT FINANCIAL INFORMATION

Employment history (please list most recent first)

Job title	Employer	City/State	Dates	Salary

Savings and/or Investments

If you, your spouse or your parents have savings, money market, CD accounts, brokerage or stock accounts, please provide the total balance below (do not include designated retirement accounts like a 401(k), SEP or IRA).

529 College Savings accounts for which you are a beneficiary _____

Trust Fund accounts for which you are a beneficiary _____

Home, Condominium or other Real Property

If you, your spouse or your parents own a home, a condominium, piece of land, any other real property, or a portion of any of these, please provide the following information:

Date of purchase _____ Purchase price _____

Current value (estimate) _____ Mortgage balance _____

Additional real estate equity _____

Date of purchase _____ Purchase price _____

Current value (estimate) _____ Mortgage balance _____

Automobiles

If you, your spouse or your parents own an automobile, please identify:

Makes/years _____

I hereby acknowledge that the **Bernard Axelrad Scholarship Fund** is relying upon, among other things, the Applicant's above-stated representations. If the Board of Directors should determine that one or more of the above representations is/are not true, the Directors may immediately discontinue any award and may seek to recover all monies the Fund has awarded to the applicant.

Applicant signature _____ Date _____