



Barber Family Foundation  
 1800 W. Diversey Parkway, Unit F  
 Chicago, IL 60614

**SCHOLARSHIP APPLICATION  
 FOR RECREATIONAL  
 PROGRAM**

*(summer camp, extracurricular program, etc.)*

The Austin Barber Family, in Pittsfield,  
 Illinois since 1833

**Read these notes carefully before completing this form.** You may apply for a scholarship to any recreational program (such as athletic for baseball, golf, etc.; artistic for voice, music, art, etc.; travel studies, etc.). Please make sure to sign your application. Incomplete applications will not be considered. Qualifications: Applicants must be residents of Pike County, IL and under the age of 25. Award checks will be sent directly to the organizations running the recreational programs.

Questions? Contact [ruth@barberfamilyfoundation.org](mailto:ruth@barberfamilyfoundation.org).

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

City \_\_\_\_\_ State IL Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ *(please provide if at all possible as acknowledgements will be sent via email).*

**CONFIDENTIAL FINANCIAL PROFILE:**

Father's Name and Occupation \_\_\_\_\_

Mother's Name and Occupation \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

Please list the names and ages of all dependents living with the applicant:

Please list any dependents not living with the applicant whom the family is supporting:

Gross Family Income \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, list employer/business/annual income \_\_\_\_\_

Does the family expect any unusual expenses during 2010? If yes, please explain.

**CONFIDENTIAL FINANCIAL PROFILE CONTINUED:**

What is the anticipated cost of program attendance ? \_\_\_\_\_

**SCHOLARSHIP REQUEST:**

Name and Description of Program: \_\_\_\_\_

Duration / Timeline: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ (please provide program documentation)

**PLEASE ATTACH AN ESSAY DESCRIBING WHY YOU ARE IN NEED OF THIS SCHOLARSHIP AND WHY YOU WOULD LIKE TO PARTICIPATE IN THIS PROGRAM? HOW WILL THIS PROGRAM FIT INTO YOUR FUTURE PLANS? WHAT HAVE YOU ACHIEVED THAT HAS PREPARED YOU FOR THIS PROGRAM? (*typed responses are appreciated*). PLEASE ALSO ATTACH A COPY OF THE FIRST PAGE OF YOUR PARENT OR GUARDIAN'S 2009 1040 TAX RETURN.**

**IN ADDITION, PLEASE ATTACH ONE LETTER FROM A REFERENCE INCLUDING COMPLETE CONTACT INFORMATION (or the letters can be sent directly to the Foundation).**

**DECLARATION: I hereby apply for a scholarship and declare that the information given in this application is correct and complete. I authorize the Barber Family Foundation to contact my reference and otherwise verify the information in this application.**

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

**Return this form to: Ruth Barber  
Barber Family Foundation  
1800 W. Diversey Parkway, Unit F  
Chicago, IL 60614**

Please note: If you send your application by expedited service, please check the box to leave it without a signature or contact [ruth@barberfamilyfoundation.org](mailto:ruth@barberfamilyfoundation.org) for an alternate address.

**CLOSING DATE (applications must be postmarked by this date): April 16, 2010**