



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

SCHOLARSHIP APPLICATION

The Austin Barber Family, in Pittsfield,
 Illinois since 1833

Read these notes carefully before completing this form. This application is for academic scholarships; for all other requests please fill out the Recreational Program Application. You must provide one reference as well as an academic profile by your principal or counselor. 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. Scholarships may be used for required and approved college expenses only; award checks will be sent directly to the academic institutions. Questions? Contact 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 one year's attendance at the academic program? _____

How does the family anticipate paying for this expense? For which other scholarships are you applying?

SCHOLARSHIP REQUEST:

Program: _____

Term: _____

Amount of Request: _____

PLEASE ATTACH AN ESSAY DESCRIBING (1) YOUR EXTRACURRICULAR ACTIVITIES, (2) YOUR FUTURE PLANS, AND (3) WHAT MAKES YOU STAND OUT AMONG OTHER APPLICANTS FOR THIS SCHOLARSHIP? Please type your responses and address all three questions. 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).

LAST, PLEASE HAVE YOUR PRINCIPAL OR COUNSELOR FOR THE MOST RECENT ACADEMIC SEMESTER / QUARTER COMPLETE AND MAIL THE ACADEMIC PROFILE.

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 references 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 for an alternate address.

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



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

SCHOLARSHIP APPLICATION Academic Profile

The Austin Barber Family, in Pittsfield,
Illinois since 1833

To be completed by the applicant's Principal or Counselor. Please attach a copy of the applicant's transcript and mail to Ruth Barber at the above address by April 16, 2010.

ACADEMIC PROFILE:

Name of Applicant _____

School _____

GPA (if applicable) _____ Class Rank _____

In addition to academic merit, why is this student deserving of a scholarship from our Foundation?

Please rate the applicant's probability for success in a college program (or other applicable program):

Date:

Signature: _____

Position: _____