



The Austin Barber Family, in Pittsfield, Illinois since 1833

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

SCHOLARSHIP APPLICATION

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. 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 2008? 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?

SCHOLARSHIP REQUEST:

Program: _____

Term: _____

Amount of Request: _____ (please provide program documentation of cost if not a college program)

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)

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 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: April 4, 2008



The Austin Barber Family, in Pittsfield, Illinois since 1833

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

SCHOLARSHIP APPLICATION Academic Profile

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 4, 2008.

ACADEMIC PROFILE:

Name of Applicant _____

School _____

GPA (if applicable) _____ Class Rank _____

Please rate the student in the following categories.

	Outstanding	Good	Average	Poor
Initiative				
Concern for Others				
Multi-tasking				
Responsibility				
Cooperation				
Leadership				

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

Date:

Signature of Principal or Counselor: _____

Position: _____