

**ST ANDREW'S SOCIETY OF SAN FRANCISCO**

P.O. Box 471418  
San Francisco, CA 94147-1418

**Student Assistance Application**

*Academic Year 2015-2016*

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please detail Scottish birth or ancestry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the secondary (high school or equivalent) from which you graduated. \_\_\_\_\_

Name & Location	Dates Attended	Class Standing
_____	_____	_____

List all institutions of higher learning you have attended, whether or not credit was received for courses taken.

Name	Dates Attended	Degree/Date	GPA/Class Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At what institution do you intend to use this scholarship?

Name	Location
Are you currently enrolled or accepted at this institution? _____	Is this institution Accredited? _____

2015-2016

Student Assistance Application (cont'd) Name: \_\_\_\_\_

State on the back of this page your reason for leaving any school at which study did not terminate in a degree.

If GPA (Grade Point Average) is based other than on a 4.0 maximum, or if another grading system is used, please explain on the back of this page.

If you have not been accepted, what is the status of your application? \_\_\_\_\_

What is the program of study or training you propose to pursue? \_\_\_\_\_

List any academic honors or citations for leadership you have received. \_\_\_\_\_

List any extracurricular activities that you believe give evidence of leadership skill, excellence of performance, or high levels of responsibility. \_\_\_\_\_

**Vocational Experience:**

<u>Organization/City</u>	<u>Position</u>	<u>Dates</u>	<u>Salary/Wage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military or Government Service (Describe): \_\_\_\_\_

List any other grants for study, scholarships, assistantships, fellowships or other financial assistance you have received previously: \_\_\_\_\_

Student Assistance Application (cont'd) Name: \_\_\_\_\_

**Father, Stepfather or Male Guardian**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employed by: \_\_\_\_\_ Since: \_\_\_\_\_

Bank Accounts - checking, savings,  
Certificates of deposit, etc \_\_\_\_\_

Other Investments \_\_\_\_\_

Equity in Real Estate \_\_\_\_\_

Interest in trusts or estates \_\_\_\_\_

Other assets not listed above \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

**Mother, Stepmother, or Female Guardian**

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by: \_\_\_\_\_ Since \_\_\_\_\_

Bank Accounts -- checking, savings,  
Certificates of deposit, etc. \_\_\_\_\_

Other Investments \_\_\_\_\_

Equity in Real Estate \_\_\_\_\_

Interest in Trusts or Estates \_\_\_\_\_

Other Assets not listed above \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

**Spouse**

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Student Assistance Application (cont'd) Name: \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by: \_\_\_\_\_ Since \_\_\_\_\_

Bank accounts -- checking, savings,  
Certificates of deposit, etc. \_\_\_\_\_

Other investments \_\_\_\_\_

Equity in real estate \_\_\_\_\_

Interest in trusts or estates \_\_\_\_\_

Other assets not listed above \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

List dependents, their relationship to you, their age, and the percent of their support you provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List brothers and sister, their ages and present educational or vocational status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Assets**

Bank Accounts -- checking, savings  
certificates of deposit, etc. \_\_\_\_\_

Other Investments \_\_\_\_\_

Equity in Real Estate \_\_\_\_\_

Interest in Trusts or Estates \_\_\_\_\_

Other Assets not listed above \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

Student Assistance Application (cont'd) Name: \_\_\_\_\_

**Projected Academic Year Income**

Applicant's summer income from all sources after federal,  
state, local taxes and Social Security withholding \_\_\_\_\_

Total support expected from parent(s), relatives, and spouse  
(including room and board at home if listed as an  
expense below) \_\_\_\_\_

Academic year salaries and wages after taxes, FICA \_\_\_\_\_

Social Security educational benefits, if any \_\_\_\_\_

Veteran's or GI bill benefits, if any \_\_\_\_\_

Other scholarships, fellowships, and educational grants \_\_\_\_\_

Income tax refunds \_\_\_\_\_

TOTAL PROJECTED ACADEMIC YEAR INCOME \_\_\_\_\_

**Projected Academic Year Expenses**

Tuition and fees \_\_\_\_\_

Books, equipment and supplies \_\_\_\_\_

Housing \_\_\_\_\_

Food \_\_\_\_\_

Clothing, laundry and cleaning \_\_\_\_\_

Transportation \_\_\_\_\_

Medical and dental \_\_\_\_\_

Debt repayment (Explain on separate sheet) \_\_\_\_\_

Other expenses (Explain on separate sheet) \_\_\_\_\_

TOTAL PROJECTED ACADEMIC YEAR EXPENSES \_\_\_\_\_

TOTAL PROJECTED FINANCIAL AID NEEDED \_\_\_\_\_

Please identify sources on the back of this page.

Please itemize on the back of this page.

Student Assistance Application (cont'd) Name: \_\_\_\_\_

**Certification**

I certify that the information contained in this application and all attachments and supporting documents are complete and correct to the best of my knowledge and that I will provide supplementary documentary evidence on request. I understand that any willful misstatement may result in my application being rejected or any grant withdrawn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

*All information provided is confidential and is for the sole purpose of evaluating the suitability of the candidate for a scholarship from the St. Andrew's Society of San Francisco. The selection of the candidate is at the exclusive discretion of the Society.*

<b><u>Board of Student Assistance Use Only:</u></b>	
Date Received: _____	Comments:
Date Approved/Denied: _____	
Date Voted on By Membership: _____	
Scholarship Amount: _____	