

Dred and Lula Finnell Trust

Higher Learning Tuition Grant

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Telephone: _____ Email: _____
 Cellphone: _____

Township: _____ Length of time at above address: _____ If less than one year, include prior address: _____

Year of HS Graduation: _____ From _____

I will be attending: _____
(school/college)

This application is for the First Second semester of the _____ - _____ School year. Number of Credit Hours: _____

Each year, along with your first semester application, a transcript of your prior year's grades and GPA must be submitted.

Second semester grants will be submitted to the school only upon verification that the applicant's GPA for the preceding semester was at least a 2.66 (B-) on a 4.0 scale.

Anticipated Costs and Financial Support

Describe your anticipated costs for the semester and the source of funds.
 Show only resources available to you during the term for which this application applies.

Costs:
 Tuition & Fees: \$ _____
 Books: \$ _____
 Room & Board: \$ _____
 Commuting Expenses: \$ _____
 Other Edu. Expenses: \$ _____

Resources Available:
 Family Contribution: \$ _____
 Student Savings: \$ _____
 Scholarships: \$ _____
 \$ _____
 \$ _____
 Misc. Income: \$ _____
 Work Study: \$ _____
 Employment: \$ _____
 Loans (private and federal): \$ _____
 Finnell Trust Grant: \$ _____

Total: _____

Total: _____

Additional Information

Use this space for any additional information (as needed by the front of this application), or for any other information you feel would be beneficial to the committee.

I submit all of the above mentioned information as being accurate to the best of my knowledge.

Signature of Applicant: _____

Parents/Guardians of Applicants under the age of 18.

I submit all of the above mentioned information as being accurate to the best of my knowledge.

Signature of Parent/Guardian: _____

Committee Notations

For Committee Use Only.

Include record of requests made for additional information or verification of resources.

Memos:

Date: _____ Author: _____

Date: _____ Author: _____

Date: _____ Author: _____

Approved: If approved, amount: \$ _____ Check #: _____ Date: _____

Declined: If declined, reason: _____

Information for future application forms:
