

BETTE ADE SCHOLARSHIP FUND

Multiple's Application

ALL INFORMATION CONTAINED ON PAGES 1 AND 2 OF THIS FORM IS CONFIDENTIAL AND WILL BE SEEN ONLY BY THE SELECTION COMMITTEE CHAIRMAN
DO NOT REPEAT ANY OF THIS INFORMATION ON PAGES 3, 5 OR ATTACHMENTS

Name _____ Social Security No. ____ - ____ - ____
Last First Middle

Address _____ Zip _____
Street PO Box Apt # City State

Phone Number (____) _____ Date Of Birth _____ E-Mail _____

Marital Status Single _ Married _ Divorced _ Widowed _ Driver's License No. _____ State _____

Mother's Full Name _____

Address _____ Zip _____
Street PO Box Apt # City State

Occupation _____ Business Name/Location _____

Father's Full Name _____

Address _____ Zip _____
Street PO Box Apt # City State

Occupation _____ Business Name/Location _____

List All Persons Living In The Household:

Name	Relationship	Age

List Two References Who Have Known You At Least Five Years:

Name _____ Position/Occupation _____

Address _____
Street/PO Box Apt # City State Zip

Relationship _____ Known How Long? _____ Phone Number { _____ } _____

Name _____ Position/Occupation _____

Address _____
Street/PO Box Apt # City State Zip

Relationship _____ Known How Long? _____ Phone Number { _____ } _____

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that if any of the information I have provided is found to be false, my application will be withdrawn from the judging process.

Signature of Applicant

Date

Mother's / Father's (Circle One) Participation in Parents of Multiples Club Activities:

Local Multiples Club # of Years Active Membership _____

List club activities/committees and/or positions held (past and present). Indicate local, state or national service.

I hereby certify that the above information pertaining to the mother's father's (circle one) activities in the local multiples club is true and correct and membership in the club has consisted of two (2) years immediately preceding the submission of this application.

Signature of Club President

Phone Number

Date

SCHOLARSHIP CHECKS WILL BE SENT TO THE FINANCIAL AID OFFICE OF THE RECIPIENT'S SCHOOL

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ALL INFORMATION CONTAINED ON PAGES 3-5 OF THIS FORM AND ALL ATTACHMENTS WILL BE MADE AVAILABLE TO THE SCHOLARSHIP SELECTION COMMITTEE/JUDGES. DONOT REPEAT ANY OF THE INFORMATION FROM PAGES 1 AND 2 IN THIS SECTION. ATTACH ADDITIONAL PAGES, IF NECESSARY

1. Please Mark One:

- Graduating High School
- Vocational Or Trade School Applicant
- Returning College Student
- Graduate Student

2. Grade point average _____

3. Brothers Or Sisters In College, Vocational School Or Trade School? _____ If yes, How many? _____
Yes/No

Where? _____ What class? _____

4. Describe Any Extracurricular School Activities Such As Student Government, Sports, Clubs Or Committees. Give Names Of Any Offices Held Or Awards Received.

5. Describe Any Community/Church Or Charitable Activities Outside Of School. Give Names Of Any Offices Held Or Awards Received.

6. Describe Your Work Experience (Summer, After-School Or Other):

Company	Position Held	# of Hrs/Wk	How Long Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Which Activities Have Given You The Greatest Personal Satisfaction And Why?

8. Which Recognition Or Honor Has Given You The Most Satisfaction Or Pride And Why?

9. Tell About Any Special Interests, Hobbies Or Recreation That You Enjoy.

10. What Course Of Study Do You Plan To Pursue? Why?

11. To Which Colleges, Training Or Vocational School Have You Applied?

School Name	Location	Accepted?
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

12. Have You Earned Any Money Toward Your Educational Expenses To Date? _____ If yes, How?
Yes/No

13. Do You Plan To Work While In School? _____ If Yes, Explain How or Where.
Yes/No

14. Do You Receive Educational Benefits From The Government? _____ If Yes, Explain.
Yes/No

15. Have You Applied For and/or Received Any Other Scholarships? _____ If Yes, Explain (Include Amount).

Yes/No

16. Is There Any Other Information You Wish The Committee To Consider About Your Scholarship Application?

17. Submit a letter of recommendation from **TWO** independent sources, such as a school educator, religious or community leader (NOT A RELATIVE), attesting to your character, community service, scholastic accomplishments and/or desire to further your education. **Must be current recommendations.**

18. On a separate sheet of paper, please write a two hundred (200) word essay on "What Goals I Hope to Attain by Furthering My Education." Please double space this on a 8.5 X 11 sheet of paper. Please include comments regarding your reasons for beginning or resuming your academic career at this time. **Do not repeat any of the information contained on the confidential pages of this application**

19. On a separate sheet of paper, write a short essay explaining your "Experience as a Multiple." **Do not repeat any of the information contained on the confidential pages of this application.**

Total Number of Pages Attached _____