



The Austin Barber Family, in Pike County,  
Illinois since 1833

Barber Family Foundation  
1165 N. Clark Street Suite 300  
Chicago, IL 60610

## SCHOLARSHIP APPLICATION FOR RECREATIONAL PROGRAM

*(summer camp, extracurricular program, etc.)*

**Read these notes carefully before completing this form.** You may apply for a scholarship to any recreational program (such as athletic for baseball, golf, etc.; artistic for voice, music, art, etc.; travel studies, etc.). 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. Award checks will be sent directly to the organizations running the recreational programs. Questions? Contact [ruth@barberfamilyfoundation.org](mailto:ruth@barberfamilyfoundation.org).

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Address: \_\_\_\_\_

City \_\_\_\_\_ State IL Zip \_\_\_\_\_

Applicant Email address: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

### 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:

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Please list any dependents not living with the applicant whom the family is supporting:

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Gross Family Income \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, list employer/business/annual income \_\_\_\_\_

Does the family expect any unusual expenses during 2019? If yes, please explain.

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**CONFIDENTIAL FINANCIAL PROFILE CONTINUED:**

What is the anticipated cost of program attendance? \_\_\_\_\_

**SCHOLARSHIP REQUEST:**

Name and Description of Program: \_\_\_\_\_

Duration / Timeline: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ (please provide program documentation)

**PLEASE ATTACH A TYPED 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? PLEASE ALSO ATTACH A COPY OF THE FIRST PAGE OF YOUR PARENT OR GUARDIAN'S 2018 1040 TAX RETURN (or both parents if not married or if filing separately).**

**IN ADDITION, PLEASE ATTACH ONE LETTER FROM A REFERENCE INCLUDING COMPLETE CONTACT INFORMATION (or the letters can be sent directly to the Foundation).**

**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 reference and otherwise verify the information in this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to:      John Barber  
   182 Ameren Way #455  
   Ballwin, MO 63021**

Please note: We recommend that you use a mail service with a delivery receipt. You can also email your application to [ruth@barberfamilyfoundation.org](mailto:ruth@barberfamilyfoundation.org).

**CLOSING DATE (applications must be postmarked by this date):      March 20, 2019**