



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

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

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. Scholarships may be used for required and approved college expenses only; award checks will be sent directly to the academic institutions. Questions? Contact 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:

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 2019? If yes, please explain.

SCHOLARSHIP REQUEST

Program: _____

What is the anticipated cost of one year's attendance at the academic program? _____

Amount of request: _____

Below are the application requirements in addition to this signed form. Incomplete applications will not be considered.

A. PLEASE ATTACH AN ESSAY DESCRIBING (1) YOUR EXTRACURRICULAR ACTIVITIES, (2) YOUR FUTURE PLANS, AND (3) WHAT MAKES YOU STAND OUT AMONG OTHER APPLICANTS FOR THIS SCHOLARSHIP?

B. PLEASE 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).

IF YOUR PARENTS ARE NOT MARRIED, PLEASE PROVIDE BOTH FIRST PAGES OF THEIR SEPARATE RETURNS AS WELL AS A DETAILED EXPLANATION OF HOW THEY WILL BOTH CONTRIBUTE TO YOUR COLLEGE EXPENSES.

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

D. PLEASE HAVE YOUR PRINCIPAL OR COUNSELOR FOR THE MOST RECENT ACADEMIC SEMESTER / QUARTER COMPLETE AND MAIL THE ACADEMIC PROFILE (this must be someone different than the one providing the reference in item c).

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: 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.

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



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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 John Barber at 182 Ameren Way #455 Ballwin, MO 63021 (or email to ruth@barberfamilyfoundation.org) at the above address by March 20, 2019.

ACADEMIC PROFILE:

Name of Applicant _____

School _____

GPA (if applicable) _____ Class Rank _____

In addition to academic merit, why is this student deserving of a scholarship from our Foundation?

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

Date:

Signature: _____

Position: _____