

**APPLICATION DUE
APRIL 1st**

For Office Use Only

Date Received _____

Grant \$ _____

APPLICATION FOR GRANT

(Please Type or Print)

HOWARD MEMORIAL FUND

Date: _____

S.S. No. _____

Name:

Age:

Home Address:

College Address:

Marital Status:

Names and ages of all persons wholly or partially dependent on you:

Employment:

-Name and address of last or present employer:

-Gross income from employment during last calendar year:

(If spouse is employed, answer same questions for him or her.)

Have you qualified for, or received any student loans or grants during the last 12 months? If so, set out grantor's name and amount.

Assets

A. Real estate (describe nature of and location):

-Gross value:

-Balance on mortgage or other liens:

B. Personal Property (any item of value in excess of \$500.00, regardless of liens or mortgages):

Estimate value or balance

1. Household goods:
2. Bank Account (checking) (name bank):
3. Bank Account (savings) (name bank):
4. Money market or savings certificates (name bank):
5. Vehicles (include motor bikes, cycles,
and snowmobiles):
6. Boats:
7. Other:

-List all debts over \$100.00 you owe, to who, for what, and the balance due on each.

What amount of money are you requesting from the Fund? \$_____

Would your parents be able to lend you part or all of the money you have requested?

If not, why not?

If you are claimed as a dependent by a parent or some other person, it will be necessary that you supply a copy of page 1 of that person's federal income tax return.

If you are not claimed as a dependent by a parent or some other person, it will be necessary that you supply a copy of page 1 of your federal income tax return.

Please enclose a transcript of your grades for the last twelve months your attended school. No grants are made without transcript of grades.

Name three references who will confirm your financial needs and abilities.

The undersigned states that all of the above facts are true and correct to the best of his or her knowledge and belief and agrees that the Howard Memorial Fund may contact any person in order to verify any of the information set out above and the undersigned waives all rights of privacy in connection therewith.

Applicant

PLEASE NOTE: Information on this application will be viewed only by the directors of the Howard Memorial Fund and members of the selection committee.

ALSO: Except in special circumstances, applications are considered and grants awarded by April 1 for the academic year beginning in September. One-half of the grant will be available to you in September and one-half in January. THEREFORE, PLEASE RETURN THIS APPLICATION ON OR BEFORE APRIL 1.

Please submit application to:
Howard Memorial Fund
P.O. Box 114
Aberdeen, SD 57402-0114

Waiver

Name _____

Social Security No. _____

The undersigned states that (s)he is presently, or intends to be, enrolled as a student at _____ (name college or university) and hereby authorizes the release to the Howard Memorial Fund, its Board of Directors and selection committee of any records or information regarding my person or academic history and standing at said college or university.

It is understood that all such information will be used solely to determine my qualifications to receive a scholarship grant from the Howard Memorial Fund.

Dated _____

(Signature) _____