

APPLICATION

For the

ARTHUR FRANKLIN MAPES MEMORIAL LITERARY SCHOLARSHIP FUND

Due 3/15

NAME in FULL _____

HOME ADDRESS _____

Date of BIRTH _____ PLACE OF BIRTH _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

NAME OF FIRM: _____ NAME OF FIRM: _____

BUSINESS ADDRESS: _____ BUSINESS ADDRESS: _____

If parents are separated, give name of parent or guardian with whom

you live : _____

Number of family members at home: _____

Your rank in class: _____

What college do you plan to attend? _____

Have you made application? _____ Have you been accepted? _____

Have you decided on a course of study? _____

If so, what field? _____

Do you have brothers/and or sisters attending college? _____ How many? _____

From what source do you expect to derive your financial support while attending college?

Parents _____

Loans _____

Self-Help Activities _____

Savings _____

Others _____

Do you have a scholarship now? _____ If so, what amount? _____

Do you have a part-time work? _____ If so, what type of work? _____

Do you own an automobile? _____ Make _____ Model _____

Educational Interests:

What high school subjects gave you the most enjoyment?

Personal Interests:

During your high school years:

List books you have enjoyed the most:

List magazines that interest you:

What television programs do you enjoy:

What is your favorite hobby:

What personal accomplishments do you hope to achieve within the next 5 years?