

ASFAW FAMILY FOUNDATION INTERNATIONAL (AFFI)
AIM HIGH SCHOLARSHIP APPLICATION



Name: _____
Last First MI

Parent or Legal Guardian Name: _____

Home Address: _____

City State Zip Code

Home Telephone () _____ Alternate Phone () _____

Email Address: _____

Date of Birth: _____ Date of Graduation: _____

High School: _____ Grade Point Average: _____

High School Counselor's Name: _____ Phone: _____

Colleges or Universities Applied to:

What do you plan to major in? _____

What community activities or programs are you involved in currently or in the past?

PARENT/GUARDIAN FINANCIAL DATA

Marital Status of parent or guardian:

Adjusted Gross Income (**ATTACH FORM 1040**): _____ Married Divorced Widowed Single

Total number in household: _____ Number under 18 years old: _____

Do you have siblings in college? YES NO if yes how many? _____

How did you find out about the AFFI Aim High Scholarship? School Counselor Teacher Newspaper
Church Friend Other (where) _____

All of the information that I have provided in this application and in the enclosed letters is true and complete to the best of my knowledge. I certify that I am a Colorado resident, high school senior, enrolled in or applying for full-time enrollment to a two or four year college, university or vocational/technical school for the 2016/17 academic year. I hereby authorize AFFI to use any information contained in this application for the purpose of promoting and publishing the program or as legally required or permitted by law.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____