



FBFN Foundation

Scholarship Application for College Students

This scholarship will be awarded to a student residing in Fort Bend County and graduated from a Fort Bend County public high school campus. The scholarship will be applied to tuition and fees at a Fort Bend County campus of Houston Community College, Wharton County Junior College, Texas State Technical College or University of Houston – Sugar Land. Scholarship payments will be made directly to the institution.

The scholarship committee of the FBFN Foundation considers the applications based on need, academics, activities, recommendations, and the student's personal letter. *Perceived need is the first priority.* All scholarships are contingent upon the qualifications of applicants and the availability of funds.

Instructions

- Must be a resident of Fort Bend County and a graduate of a Fort Bend County public high school, a U.S. citizen, and not related to a FBFN Foundation Board member or a Scholarship Committee member.
- Must be planning to attend a Fort Bend County campus of Houston Community College, Wharton County Junior College, Texas State Technical College or University of Houston – Sugar Land in the Fall semester of year of application and enroll for a minimum of 9 semester hours.
- Return this completed application with the following:
 - A personal letter stating educational goals, reasons for applying for this scholarship and other information significant to the awarding of this scholarship.
 - An official copy of your college transcript and a copy of your midterm report, if available. (Must include class enrollment for spring semester.)
 - A copy of your birth certificate and naturalization papers, if applicable.
 - Official high school transcript. (This may be included with the application package or mailed by the school.)
 - A letter of recommendation from a current professor.
 - A letter of recommendation from your employer, if you have been employed in the past four years.
 - Optional - Any other letters from community members/teachers who have information that would be helpful to the committee.

**Please submit completed applications and questions to FBFNScholarship@gmail.com,
See our website for deadlines and more information.**

The Charitable Arm of Fort Bend Friends and Neighbors



FBFN Foundation

Application for College Students

Please Print

Name: _____
(Last) (First) (Middle)

Address (include street address, city and ZIP code):

_____ (must be in Fort Bend County)

Telephone: (H) _____ (C) _____ Email: _____

Current College: _____ High School attended: _____

Father's Name: _____ Occupation: _____

Father's Employer: _____

Mother's Name: _____ Occupation: _____

Mother's Employer: _____

Father's Income: _____ Below \$40,000	Mother's Income: _____ Below \$40,000
_____ \$40,000 - \$70,000	_____ \$40,000 - \$70,000
_____ \$70,000 - \$100,000	_____ \$70,000 - \$100,000
_____ Above \$100,000	_____ Above \$100,000

Additional sources of income and amount:

Explanatory Comments (if any):

Have you applied for or received any Financial Aid? Yes: _____ No: _____

Have you been awarded any other scholarships at this time? Yes: _____ No: _____

If yes, list scholarship(s) and amount awarded

List the names and ages of any brothers and/or sisters who are currently attending college.

Name:	Name of College:	Proposed Grad. Date:	Amt of Financial Aid
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Where do you plan to attend college in the fall? (must be in Fort Bend County)

1st choice college _____ campus _____

2nd choice college _____ campus _____

Major and/or Career Choice: _____

High School Class Rank: _____ in a class of _____ Year _____

SAT Scores: Total _____ Evidence-based Reading & Writing _____ Math _____

ACT Scores: Composite _____ Math _____ Science _____ STEM _____ English _____

Reading _____ Writing _____ ELA _____

School activities, offices held, and honors:

Volunteer and Community activities:

Hobbies and interests:

Work Experience in past 4 years (Give dates, responsibilities, supervisor's name and phone number):

Current number of hours working per week: _____

Use additional pages as needed.

AFFIRMATION:

The information provided in this application is, to the best of my knowledge, complete and accurate in its entirety. I understand that incomplete or inaccurate applications will not be considered for a scholarship. I also understand this information will be reviewed and may be verified, if necessary. In applying for this scholarship, I grant permission to publish my name and photograph for publicity and promotional purposes.

Student Signature: _____ Date: _____