2017 FARY MEMORIAL SCHOLARSHIP APPLICATION

1. NAME: _____ 2. PHONE: ( ) _____
LAST FIRST MIDDLE

3. MAILING ADDRESS: _____
Street/P.O. Box City/Town State Zip

4. EMAIL ADDRESS (where you wish to receive important and time sensitive information throughout the application process):
_____

4a. COUNTY AND ACTUAL MAGISTERIAL* DISTRICT OF RESIDENCE: _____
***(e.g.: JAMES CITY COUNTY – STONEHOUSE DISTRICT; YORK COUNTY – BRUTON DISTRICT)**

4b. YEARS RESIDED IN ELIGIBLE COUNTY: _____ 4c. Are you a United States citizen? _____

5. DATE OF BIRTH: _____ 6. GENDER: _____

7. NAME OF FATHER/GUARDIAN: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ DAYTIME TELEPHONE: ( ) _____

8. NAME OF MOTHER/GUARDIAN: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ DAYTIME TELEPHONE: ( ) _____

9. APPLICANT RESIDES WITH: ____ BOTH PARENTS _____ FATHER _____ MOTHER

10. OTHER DEPENDENTS IN HOUSEHOLD:

NAME OF DEPENDENT	AGE	NAME OF COLLEGE, IF APPLICABLE

11. HAVE YOU EVER BEEN CONVICTED OF A CRIME? □ YES □ NO IF "YES", PLEASE PROVIDE DETAILS:

12. HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN REVOKED OR SUSPENDED?
□ YES □ NO IF "YES", PLEASE PROVIDE DETAILS BELOW: