

George Benson Scholarship Fund Student Application Form

Student Name:				Phone:		
Address:				Email:		
City, State, Zip:						
Varsity Letters				Coach		_
Work Experience					_	
High School (s):				Years:		
College or Univ.:				Years:		
College Entrance Exams:	Math	Verbal / English	Essay / Reading	Composite	Dates Taken:	
SAT:				N/A		
ACT:						
Please list your stu	dent activit	ies, leadership	positions, awa	ards, athletic and	or community invo	olvement, etc.
Please list colleges	or univers	itios whore you	are cooking a	dmission (in prot	forrod order):	
Preference:		ersity or Colleg	_	Applied	Accepted	Committed
1 st Choice:	OHIV	ersity of Colleg	e name	Yes / No	Yes/Pending	Yes / No
2 nd Choice:				Yes / No		Yes / No
					Yes/Pending	
3 rd Choice:				Yes / No	Yes/Pending	Yes / No

Student Name:	Phone:						
Please list other Scholarships and/or Grants that you have applie	d for.						
Organization Name	Amount	Accepted					
	\$	Yes / No / Pending					
	\$	Yes / No / Pending					
	\$	Yes / No / Pending					
	\$	Yes / No / Pending					
	\$	Yes / No / Pending					
	\$	Yes / No / Pending					
Please list other siblings and where they are attending school. Name: Age High School or College Name	Location	Year Graduating					
This application must be accompanied with the following:							
♦ Attachment 1: Family's Financial Information (Part of this	document).						
Attachment 2: A typed essay (up to 500 words) on how "y played a role in the development of your personal character		e game of golf" has					
♦ Letter of recommendation from one teacher, or guidance counselor, or coach or golf professional.							
♦ Official high school transcript, or if already attending, a college transcript.							
The information provided in this application, including the attachme and accurate.	ents is, to the best o	f my knowledge, true					
Student Signature:	Date:						

Please send the completed application and attachments to:

George Benson Scholarship Fund C/O Daniel J. Rayburn, CPA 2700 South Park Road, Suite 101 Bethel Park, PA 15102-3806



George Benson Scholarship Fund <u>Family Financial Information</u>

Student Name:				Phone:		
1 st Parent Name:				Phone:		
Address:				_ Email:		
City, State, Zip:				<u> </u>		
Employer:				No. of yrs:		
Occupation:				_ 1 st Parent Annual Income:	\$	
2 nd Parent Name:				Phone:		
Address:				Email:		
City, State, Zip:				<u>_</u>		
Employer:				No. of yrs:		
Occupation:				_ 2 nd Parent Annual Income:	\$	
Other Income:	Alimony	Investments	Other Job)		
Annual:	\$	\$	\$	Tot. Other Annual Income:	\$	
Residence:	Own Hon	ne Rent	☐ Other	Monthly Housing Payment:	\$	
Describe any addit	tional hardship	s, not covered ab	oove, that may	help us determine your financ	cial situation.	
To the best of our	knowledge, the	e above informati	on is correct.	Additional verification may be	requested.	
Student Signatu	re:	Date:				
1 st Parent Signature:				Date:		
2 nd Parent Signature:				Date:		