

SCHOLARSHIP/LOAN RENEWAL APPLICATION

DEADLINE: JUNE 15TH

APPLICANT INFORMATION (For current recipients only.)

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PRESENT INSTITUTION ATTENDING _____

ARE YOU STILL A BUCKS COUNTY RESIDENT _____

SOCIAL SECURITY No. _____

DATE OF BIRTH _____

TELEPHONE No. _____

DATE OF GRADUATION _____

MARITAL STATUS _____

FATHER'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

OCCUPATION _____

SALARY _____

TELEPHONE No. _____

MOTHER'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

OCCUPATION _____

SALARY _____

TELEPHONE No. _____

****EFC FOR UPCOMING SCHOOL YEAR (YOU MUST INCLUDE COPY OF STUDENT AID REPORT SHOWING EFC)**:**\$ _____

*******PLEASE REMEMBER TO UPDATE YOUR ADDRESS AND/OR YOUR CO-SIGNERS' ADDRESS DURING THE ENTIRE AWARD PERIOD.**

HAVE YOU OR YOUR PARENTS EXPERIENCED ANY SUBSTANTIAL FINANCIAL CHANGES FROM YOUR ORIGINAL APPLICATION?

RELEASES AND SIGNATURES

READ, SIGN AND DATE

CERTIFICATION: ALL OF THE INFORMATION PROVIDED BY ME OR ANY OTHER PERSON ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS BEING FILED JOINTLY BY ALL SIGNATURES. IF ASKED BY AN AUTHORIZED OFFICIAL, I AGREE TO GIVE PROOF OF THE INFORMATION THAT I HAVE GIVEN ON THIS FORM. I REALIZE THAT THIS PROOF MAY INCLUDE A COPY OF MY FEDERAL OR STATE INCOME TAX RETURN. I ALSO REALIZE THAT IF I DO NOT GIVE PROOF WHEN ASKED, THE STUDENT MAY BE DENIED AID.

I HEREBY ATTEST THAT I AM QUALIFIED FOR THIS SCHOLARSHIP/LOAN AND THAT I AM NOT RELATED TO ANY INDIVIDUAL WHO IS A MEMBER OF THE SOROPTIMIST CLUB. I HEREBY AGREE WITH THE TERMS AND CONDITIONS OF THE M. VERNA BUTTERER EDUCATIONAL TRUST SCHOLARSHIP/LOAN SHOULD A SCHOLARSHIP/LOAN BE GRANTED TO ME.

EVERYONE WHOSE INFORMATION IS GIVEN ON THIS FORM SHOULD SIGN BELOW. THE STUDENT (AND AT LEAST ONE PARENT, IF PARENTAL INFORMATION IS GIVEN), MUST SIGN BELOW OR THIS FORM WILL NOT BE PROCESSED.

STUDENT: _____

STUDENT'S SPOUSE: _____

FATHER/STEPFATHER: _____

MOTHER/STEPMOTHER: _____

DATE COMPLETED: _____

FOR THE RENEWAL APPLICATION TO BE PROCESSED THE FOLLOWING REQUIREMENTS MUST BE MET:

- * APPLICATION MUST BE COMPLETED, DATED, AND SIGNED.
- * STUDENT AID REPORT SHOWING EFC FOR CURRENT YEAR MUST BE ATTACHED
- * AN OFFICIAL COPY OF YOUR FINAL TRANSCRIPT FOR THE YEAR MUST BE SENT.
- * MAINTAIN CUMULATIVE GPA OF AT LEAST 2.0

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

**M. VERNA BUTTERER EDUCATIONAL TRUST
POST OFFICE BOX 273
FOUNTAINVILLE, PENNSYLVANIA 18923**