

APPLICATION FOR
AMERICAN HOME FURNISHINGS ALLIANCE
SUPPLIERS DIVISION
Scholarship Program

If space provided in any section proves inadequate, may be continued on additional sheets of paper and attached to the application.

APPLICANT DATA

NAME: Last _____ First _____ Middle Initial ____
 PERMANENT HOME: Street _____ Apt. No. ____
 MAILING ADDRESS: City _____ State _____ Zip Code ____
 DATE OF BIRTH: Month _____ Day _____ Year _____
 TELEPHONE: (____) _____
 SOCIAL SECURITY NO. _____ EMAIL: _____

EMPLOYEE PARENT OR GUARDIAN DATA

NAME: Last _____ First _____ Middle Initial ____
 EMPLOYER: Name _____
 EMPLOYER'S: Street _____ Apt. No. ____
 MAILING ADDRESS: City _____ State _____ Zip Code ____
 RELATIONSHIP: (To Applicant) _____
 PERMANENT HOME: Street _____ Apt. No. ____
 MAILING ADDRESS: City _____ State _____ Zip Code ____
 (If different than Applicant)
 SOCIAL SECURITY NO. _____

HIGH SCHOOL DATA

SCHOOL: Name _____ Graduation Date _____
 SCHOOL ADDRESS: Street _____
 City _____ State _____ Zip Code _____

POST SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which application for admission has been sent and type of school.)

School _____ City _____ State ____ [Vo-tech] [2 Yr.] [4 Yr.]
 School _____ City _____ State ____ [Vo-tech] [2 Yr.] [4 Yr.]
 School _____ City _____ State ____ [Vo-tech] [2 Yr.] [4 Yr.]
 Year in post-secondary program next school year: 1 2 3 4 5
 Major course of study _____ Anticipated graduation date: /

WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job per week. You may attach additional sheets as needed.

Company/Position	From-Mo/Yr	To-Mo/Yr	Hours Per Week	Amount Earned/Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors and offices held. List high school and college activities separately. You may attach additional sheets as needed.

Activity	No. of Years Participating	Special Awards, Honors, Offices Held
_____	_____	_____
_____	_____	_____

GOALS AND ASPIRATIONS

Make a statement of plans as they relate to your educational and career objectives and future goals. You may attach additional sheets as needed. You may include: reasons for your choice of profession and college, your extracurricular activities, your non-financial rewards from work experience, your special strengths, skills, or any other information you would like to include.

UNUSUAL CIRCUMSTANCES

Please report any unusual or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities. You may attach additional sheets as needed.

APPLICANT APPRAISAL (REQUIRED)

This section to be completed by a high school or college counselor or advisor, an instructor or a supervisor.

You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to the Applicant, or photocopy this section and return to Applicant, in a sealed envelope.

The Applicant's choice of post-Secondary education program is extremely appropriate very appropriate moderately appropriate inappropriate

The Applicant's achievements reflect his or her ability extremely well very well moderately well not well

The Applicant's ability to set realistic and attainable goals is excellent good fair poor

The quality of the Applicant's commitment to school and community is excellent good fair poor

The Applicant is able to seek, Find and use learning resources extremely well very well moderately well not well

The Applicant demonstrates good problem-solving skills, follows through and completes tasks extremely well very well moderately well not well

The Applicant's respect for self and others is excellent good fair poor

Comments:

APPRAISER'S DATA

Name _____ Title _____ Date ___/___/___

Telephone Number: (____) _____

Business Address: Street _____
City _____ State _____ Zip Code _____

Signature: _____

TRANSCRIPT INFORMATION

1. High school seniors and students who have completed less than one full semester of post-secondary education must include an official high school transcript of grades and have the following section completed by the appropriate school official.
2. Students currently enrolled in college or vocation-technical school must include most recent college or vo-tech official transcript of grades. (Completion of the following section is not required.)

Applicant Rates _____ in a class of _____. Cumulative grade point average _____/4.0 scale.
PSAT/Verbal _____ Math _____ SAT/Verbal _____ Math _____ ACT College %English _____ Math _____

APPRAISER'S DATE

Signature _____ Title _____ Date ___/___/___
Telephone Number: (____) _____
Business Address: Street _____
City _____ State _____ Zip Code _____

Signature: _____

FINANCIAL DATA

The Employee Parent or Guardian should complete this portion of the application.

State of Residence _____

Please attach a completed and filed tax return for the prior year either: Form 1040 __ Form 1040A __ 1040 EZ __

Marital status of employee parent or guardian [Single] [Married] [Divorced] [Separated] [Widowed]

Total number of family members in family of employee parent or guardian attending college at least half-time during the next school year, including Applicant _____

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted
Pending		

EXPECTED COSTS

The employee, parent or guardian should complete this portion of the application for school year _____ - _____.

Tuition (Expected/Estimated) \$ _____ (if school has not yet been selected, provide information Based on applicant's first choice to attend)

If school is a public institution, Applicant will pay: _____ in-state resident tuition
_____ out-of-state tuition

Student will: _____ live on campus _____ live off campus _____ commute from home

EMPLOYMENT VERIFICATION (REQUIRED)

The information in this section to be provided by the employer of the parent or guardian of the Applicant.

You have been asked to provide information as to the employment of the parent or guardian of the Applicant in support of this scholarship application. Please provide a letter on your company letterhead addressed to the American Home Furnishings Alliance Suppliers Division Scholarship Program stating: [1] parent's or guardian's name, [2] the length of his or her employment with your company, and [3] a statement that he or she is employed by you. When provided, please return the letter to the parent or guardian of the Applicant. The letter must be dated within ten (10) days of the date of this Application.

APPLICATION CHECKLIST

Applicant's Name _____ Scholarship Year _____

Please Print

This application for a scholarship becomes complete and valid only when you have returned the:

_____ Completed Student Application

_____ Current Transcript or Grades

_____ All Support Material (work experience, activities, goals, etc.)

_____ Employment Verification Letter from Employer of Parent or Guardian (see above)

_____ Most Recent 1040, 1040A or 1040EZ Tax Form

Send to: The American Home Furnishings Alliance
Suppliers Division Scholarship Fund
P.O. Box HP-7
High Point, North Carolina 27261

Postmark Deadline: Midnight, January 31

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the American Home Furnishings Alliance.

Parent's/Guardian's Signature _____ Date _____

Applicant's Signature _____ Date _____