

August P. and Essie W. Krausman
Scholarship Fund
First Year College Application
September 2014 through May 2015 Year

The Last Will & Testament of Essie W. Krausman, dated June 21, 1963 was established in memory of August P. Krausman, and the scholarship or scholarships established shall be known as the August P. & Essie W. Krausman Scholarships.

In selecting the student or students, it was Ms. Krausman's desire the Trustees take into consideration the *scholastic standing*, the *need* and the *moral and religious attributes* of the student or students under consideration who have graduated from Pinellas County, Florida high schools.

Completed application along with at least two letters of recommendations, FAFSA and transcript of most recent grades should be submitted no later than May 15th to the Trustee:

Mr. Robert Self
U.S. Trust Company
100 Westminster St.
MS: RI1-536-05-03
Providence, RI 02903
866-461-7287

Notification of scholarship awards will be made no later than July 1st as to your selection whether awarded or denied.

**KRAUSMAN
APPLICATION FOR SCHOLARSHIP**

1. Name _____ Age _____

2. Social Security Number _____

3. Home Address _____

Street

_____ Telephone _____
City State Zip Code

Email Address (Please write or type legibly)

4. Date of Birth _____ Place of Birth _____

5. Are you a resident of USA? Yes No Country of Citizenship _____
(Circle one)

6. Religion _____

Church Affiliation (if any) _____

7. High Schools Attended:
(Please include City & State)

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

(Attach a transcript of grades for the most recent two semesters.)

8. University or College you expect to attend & degree you will be seeking:

a. University or College _____

b. Degree _____

c. Expected Graduation Date _____

9. Please list all Universities or Colleges to which you have applied:

Name	Accepted?
_____	_____
_____	_____
_____	_____
_____	_____

KRAUSMAN SCHOLARSHIP

10. List on a separate sheet the extracurricular activities you have participated in this year, any office you may have held, and prizes or honors you may have won.

From _____ To _____

Reasons _____

11. Do you plan to operate an automobile at college? (Circle One) Yes No

If so, Year & Make _____ Owner _____

12. If you will not be living with your family during the school year, state living arrangements.

(Circle One)

Residence Halls

Room in Private Home

Room & Board Job

Fraternity House

Room & Board Job

Other _____

13. Applicant's Proposed Budget:

Dates of Period Covered by Budget

From _____ To _____

Resources

(Circle One)

Semester or Quarter

Academic Year

From Parents:

From Student:

Scholarships or Aid

(Source: _____)

Other _____

(Attach Explanation)

Total

KRAUSMAN SCHOLARSHIP

(Circle One)
Semester or Quarter

Expenses

Tuition
Room & Board
Books & Supplies
Transportation
Recreation/Entertainment
Clothing
Miscellaneous

Total

Academic Year

- A. Have you any existing debts? If so, itemize and explain repayment agreements.
Include whether repayment is required during school or after graduation.

14. Please explain any special circumstances which may affect your parents' ability to finance your education. (For example: divorce or separation arrangements, dependencies, and illnesses, education expenses for other children or other pertinent factors.)
15. Please explain your overall plan for meeting your total education expenses. Comment on your assets, resources, work ability, etc.

16. References: Please list persons from whom we can obtain additional information regarding your:

a. Character and Reputation in your community

Name _____ Telephone _____

Address _____
Street City State Zip

Connection with applicant _____

b. Business relationship with your community

Name _____ Telephone _____

Address _____
Street City State Zip

Connection with applicant _____

c. Scholastic Ability

Name _____ Telephone _____

Address _____
Street City State Zip

Connection with applicant _____

17. I hereby certify that I am in need of financial aid in order to pursue my college education.

I will use the proceeds of the financial aid only for the payment of tuition and fees, books and supplies, board and room, and other similar living expenses.

I hereby state that the information submitted herewith is true and correct. I have no disabilities that would adversely affect my ability to perform the requirements of the school I plan to attend.

Date _____
Signature of Applicant

18. I have read the foregoing application in full and hereby state that the applicant is applying with my knowledge and consent and that the information submitted is true and correct to the best of my knowledge.

Date _____
Signature of Parent or Guardian
(If applicant is under 18 Years of Age)