

M. Verna Butterer Educational Trust

SCHOLARSHIP/LOAN RENEWAL APPLICATION

- DEADLINE: JUNE 15TH -

APPLICANT INFORMATION

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 _____

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

THE M. VERNA BUTTERER EDUCATIONAL TRUST DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM

M. Verna Butterer Educational Trust

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.**
- 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**