



# Friendship Senior Options Associate Scholarship Get Set.

**APPLICATION DEADLINE: JUNE 1, 2017**

To be eligible for this scholarship, you must be a high school senior attending a college or university in the fall. **You or your parent must be employed by Friendship Senior Options.** For more information or to see other available scholarships, visit our website at [www.FriendshipSeniorOptions.org/Scholarships](http://www.FriendshipSeniorOptions.org/Scholarships).

## Section One: Signed Commitment

This application was completed with integrity and is accurate to the best of my knowledge.

\_\_\_\_\_  
Student Signature Date

## Section Two: Biographical Information

**REQUIRED** Please indicate which statement is applicable to you:

- I work for Friendship Senior Options.       My parent works for Friendship Senior Options.

Applicant Name:

\_\_\_\_\_  
First Middle Initial Last

Associate Name:

\_\_\_\_\_  
(if parent is associate) First Middle Initial Last

Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State Zip Code

Telephone:

(      )

Email:

Date of Birth:

\_\_\_\_\_  
Month Day Year

High School:

Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State Zip Code

Cumulative Grade Point Average:

\_\_\_\_\_  
Unweighted (4.0 grade scale) Weighted (5.0 grade scale as appropriate)

SAT Score:

ACT Score:

\_\_\_\_\_  
Composite

\_\_\_\_\_  
Composite

Date of Graduation:

\_\_\_\_\_  
Month Day Year



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## Section Three: Post-Secondary School Information

Please name the college or university you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Do not use abbreviations. Please use the official school names.

College/University Name City, State

College/University Name City, State

College/University Name City, State

Intended Major:

## Section Four: Extra Curricular Activities and Community Service Information

For the remainder of this application, if additional space is needed to complete your response, you may continue on additional sheets of paper.

**Activity Name** and Brief Description:

Participation From: Participation To:  
Month/Year Month/Year

Most Significant Contribution:

Advisor's Name: Advisor's Phone Number: (      )

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Activity Name and Brief Description:

Participation From: \_\_\_\_\_ Participation To: \_\_\_\_\_  
Month/Year Month/Year

Most Significant Contribution: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Phone Number: ( )

Activity Name and Brief Description:

Participation From: \_\_\_\_\_ Participation To: \_\_\_\_\_  
Month/Year Month/Year

Most Significant Contribution: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Phone Number: ( )

## Section Five: Recognition and Honors

Award Name and Brief Description:

Date Awarded: \_\_\_\_\_ Presenting Organization: \_\_\_\_\_  
Month/Year

Award Name and Brief Description:

Date Awarded: \_\_\_\_\_ Presenting Organization: \_\_\_\_\_  
Month/Year

Award Name and Brief Description:

Date Awarded: \_\_\_\_\_ Presenting Organization: \_\_\_\_\_  
Month/Year

Award Name and Brief Description:

Date Awarded: \_\_\_\_\_ Presenting Organization: \_\_\_\_\_  
Month/Year



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## Section Six: Work Experience

<b>Employer:</b>	Company Name	<b>Position:</b>	Title
<b>Worked From:</b>	Month/Year	<b>Worked To:</b>	Month/Year
<b>Supervisor:</b>	Name	<b>Phone Number:</b>	(      )
<b>Employer:</b>	Company Name	<b>Position:</b>	Title
<b>Worked From:</b>	Month/Year	<b>Worked To:</b>	Month/Year
<b>Supervisor:</b>	Name	<b>Phone Number:</b>	(      )

## Section Seven: Essay Questions

Please **TYPE** your essay response to one of the following questions and include it with your application. Answers must be 350 words or less.

1. How has your association with Friendship Village or GreenFields impacted your life? What have you learned about yourself and about seniors?
2. Reflecting on your intended field of study, how do you see your major impacting seniors in the future?

**All materials, including high school transcript and recommendation letter, must be postmarked by June 1, 2017:**

**Friendship Senior Options Associate Scholarship**  
 Friendship Senior Options Foundation  
 350 West Schaumburg Road  
 Schaumburg, Illinois 60194

To submit online, email all materials by June 1, 2017 at 5:00pm CST to [Foundation@myFSO.org](mailto:Foundation@myFSO.org).