



## Federation of American Consumers and Travelers

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318 Hillsboro Ave. • P.O. Box 104  
Edwardsville, Illinois 62025  
1•800•USA•FACT

Dear Applicant:

Enclosed is everything needed to apply for a FACT Scholarship.

Materials included:

- Application
- Release Authorization & Membership Verification Form
- Certification Form
- Rules and Instructions

Please read the rules and follow the instruction enclosed, then be sure to respond in time for everything to reach the FACT Membership Office by January 15, 2010.

Thank you for your interest and good luck.

Sincerely,

Vicki Rolens  
Scholarship Coordinator

Enclosure

## **RULES AND INSTRUCTIONS FOR THE FACT "TRADE SCHOOL" SCHOLARSHIP PROGRAM**

1. Only FACT members and their immediate family members may apply.
2. Eligible to apply are students who will be enrolled in a trade school/tech school in the Fall of 2010.
  - a. Funds will be paid directly to the educational institution by FACT for tuition and books and approved related expenses.
  - b. A scholarship student must maintain a "C" grade point average in order to remain eligible for the funds.
  - c. The course of study must be approved by the FACT Scholarship Committee.
3. Not eligible to apply are FACT employees, directors, officers and their relatives.
4. The committee's decisions are made independently and without prejudice, and are final.
5. All forms must be typewritten or printed legibly in black ink.
6. The following must be submitted to reach the FACT administrative offices no later than **January 15, 2010**:
  - Application Form
  - Release Authorization & Membership Verification Form (*included in the application form*)
  - Certification Form (*included in the application form*)
  - **Copy of High School Transcript.**

**Mail to: FACT Membership Office, P.O. Box 104, Edwardsville, IL 62025**

7. **Finalists** will be chosen on the basis of the quality of information submitted in the application.
8. **Finalists** will be required to submit a Financial Aid Report. Finalists may be contacted by one or more members of the FACT Scholarship Committee for a personal interview.
9. **Winners** will be chosen from among the finalists based on need.
10. Any questions should be made in writing to the above address. Telephone calls will be received between the hours of 10:00 am and 1:00 pm (Central Time) at 1-800-USA-FACT.



# FACT SCHOLARSHIP PROGRAM

## 2009-2010 "Trade School" Application Form

TO BE COMPLETED BY APPLICANT

### DIRECTIONS:

1. This application must be typed or printed legibly in black ink.  
**NOTE: Answer the questions in the spaces provided –no attachments.**
2. Only FACT members and their immediate families may apply.
3. Submit the following to the FACT membership service office at the address listed below by **January 15, 2010**:
  - the completed application form, making sure that the record release authorization form and the membership verification form are both completed,
  - a **copy of your High School Transcript.**
  - a one page description of why you decided to attend a trade school.
4. Applicant must be enrolling in an accredited trade school, starting in the Fall of 2010.

### BIOGRAPHICAL INFORMATION

1. Name: \_\_\_\_\_  Male  Female  
*Last First M.I.*  
Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Number, Street & Apt. No.*  
\_\_\_\_\_  
*City State Zip*  
Telephone: (\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_
2. Parent(s) or Guardian \_\_\_\_\_  
Address if different: \_\_\_\_\_  
*Number, Street & Apt. No.*  
\_\_\_\_\_  
*City State Zip*  
Telephone: (\_\_\_\_) \_\_\_\_\_
3. Are you a U.S. Citizen?  Yes  No

## HIGH SCHOOL

4. Name of last High School attended: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number, Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*  
Telephone: (\_\_\_\_) \_\_\_\_\_

Type of High School  Public  Private  Parochial

Graduating Class Size: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Date GED Awarded: \_\_\_\_\_  
*Mo./Year*

Class Rank: \_\_\_\_\_ Grade Point Average \_\_\_\_\_

5. Please indicate the trade school or technical college you plan to attend and your intended course of study.

\_\_\_\_\_

6. How much of your intended course of study do you have to complete?

\_\_\_\_\_

\_\_\_\_\_

7. Tell us what you valued most about your high school years. (What kind of student you were, what classes did you take, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL PROFILE**

8. Briefly describe yourself. (*Family volunteer service, military service, hobbies, honors and awards, etc.*)

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**EMPLOYMENT**

9. Are you currently employed?  Yes  No

If so, how many hours do you work per week? \_\_\_\_\_

Indicate the nature of your employment below: \_\_\_\_\_

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**ADVANCED EDUCATION (IF APPLICABLE)**

10. Please list any college, university or trade school you attended in the past (*include dates and any degrees received*).

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**REFERENCES**

1. High School Administrator or Instructor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

2. Family Friend (*over 21, who has known applicant for four or more years*):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

3. Employer (*if any*):

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**IMPORTANT!!!**

**Attach a one page description of why you decided to attend a Trade School.**

## CERTIFICATION

**Important: Review this information and make certain that you have responded accurately to all items.**

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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All applications and necessary forms should be mailed to:

**FACT  
2009-2010 SCHOLARSHIP PROGRAM  
P.O. BOX 104  
EDWARDSVILLE, IL 62025**

Direct any questions concerning the program to that same address — or call 1-800-872-3228.

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## AUTHORIZATION TO RELEASE PERTINENT RECORDS

This is to authorize the FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS to obtain any scholastic records pertinent to the awarding of scholarship funds. If I am the recipient of this scholarship, I further authorize FACT to obtain any scholastic records pertinent to the determination of my continuing eligibility to receive these funds.

Name of Student \_\_\_\_\_

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

Name of Parent or Guardian \_\_\_\_\_

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

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## MEMBERSHIP VERIFICATION (To be completed by the FACT Member)

Name of Member \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Relationship to Applicant (*Must be immediate family member*) \_\_\_\_\_

Membership # \_\_\_\_\_

*I certify that the information given above is accurate.*

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_