



## Federation of American Consumers and Travelers

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, 2014.

Thank you for your interest and good luck.

Sincerely,

Vicki Rolens  
Scholarship Coordinator

Enclosure

## **RULES AND INSTRUCTIONS FOR THE FACT "SECOND CHANCE" SCHOLARSHIP PROGRAM**

1. Only FACT members and their immediate family members may apply.
2. Eligible to apply are students who graduated from an accredited public, private or parochial high school (or equivalent) prior to 2009.
  - a. Two scholarships will be awarded: one for \$10,000.00 and one for \$2,500.00.
  - b. Funds will be paid directly to the educational institution by FACT for tuition and books and approved related expenses.
  - c. A scholarship student must maintain a "C" grade point average in order to remain eligible for the funds.
  - d. The course of study must be approved by the FACT Scholarship Committee. Generally, any two- or four-year undergraduate degree program at an accredited college or university will be acceptable.
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. The essay and 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, 2014:**
  - Application Form
  - Release Authorization & Membership Verification Form (*included in the application form*)
  - Certification Form (*included in the application form*)
  - **Copy of High School Transcript**
  - An essay, up to two pages, double-spaced, as outlined in the application form

**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

## 2013-2014 "Second Chance" 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, 2014**:
  - 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,**
  - and an essay, up to two pages, double-spaced
4. Applicant must not have attended school since 2009 as a full-time student.
5. Applicant must be enrolling in a two- or four-year undergraduate degree program at an accredited college or university, or in a course of study approved by the FACT Scholarship Committee and conducted at an accredited trade school, starting in the Fall of 2014.

### BIOGRAPHICAL INFORMATION

1. Name: \_\_\_\_\_  Male  Female  
Last First M.I.
- Maiden Name: \_\_\_\_\_
- Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Number, Street & Apt. No.*
- \_\_\_\_\_  
*City State Zip*
- Telephone (Daytime): (\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_
- (Home): (\_\_\_\_) \_\_\_\_\_

2. Are you a U.S. Citizen?  Yes  No

**— ATTENTION —**  
**PLEASE ENCLOSE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT**

## HIGH SCHOOL

3. 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* *Mo./Year*

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

4. 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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## ADVANCED EDUCATION (IF APPLICABLE)

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

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8. Please indicate the college or university you plan to attend.

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## REFERENCES

1. Past High School Administrator or Instructor (if available):

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

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

2. Family Friend (over 21, who has known applicant 4 or more years):

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

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

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

3. Employer (if any):

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

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

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

# IMPORTANT!!!

**Attach an essay, up to two pages, double-spaced on the following:**

*Seeking a higher education at this point in my life will be more beneficial to me than when I graduated from high school because...*

**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.

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

All applications and necessary forms should be mailed to:

**FACT  
2013-2014 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.

**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 Applicant \_\_\_\_\_

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

**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 \_\_\_\_\_