



AFSA 2017-2018 SCHOLARSHIP PROGRAM APPLICATION

1101 17th Street NW Suite 408, Washington, DC 20036
Phone (202)986-4209 Fax (202)986-4211 e-mail afsa@AFSAadmin.org

BIOGRAPHICAL QUESTIONNAIRE – FORM 1 - PAGE 1

Applicant's Name: _____ E-Mail: _____

Name of High School: _____

AFSA Member's Name: _____ AFSA Local Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Anticipated Graduation Date: _____

College expecting to attend in the Fall: _____

INSTRUCTIONS to APPLICANT: Answer the following questions in paragraph form. Try to have your answer completely fill the space provided. You may attach a typed, computer printout to this original, signed form but otherwise, **DO NOT ATTACH ANY SUPPLEMENTAL MATERIAL.**

1. What area of study have you found most stimulating? Why? (Choose an academic subject)

Please return completed form **postmarked by February 28, 2018** to:
AFSA Scholarship Committee, 1101 17th ST, NW, Ste. 408, Washington, DC 20036



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2. What single after-school activity is most important to you? How does this activity help to make you a more responsible person? (Choose any club, organization, job or home duty)

3. What personal qualities about yourself do you like most? How do these qualities help you attain your goals? Cite an example.

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4. List jobs, volunteer work, etc., that are not considered a school extra-curricular activity.

CERTIFICATION

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I may be requested to submit further proof of my parent's AFSA membership, and my acceptance to or enrollment in an accredited college, community college or university. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for an award, my name, photograph, and/or material submitted with this application may be used for publicity purposes with no additional compensation by AFSA or authorization. I also certify that I have read and understand the information above.

Applicant© Signature: _____ Date: _____

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