



The American Senior Benefits Association Scholarship Foundation is pleased to provide opportunities for scholarships to dependents and grandchildren of ASBA members. To be considered for an ASBA scholarship, please complete this application and mail to:

ASBA, P.O. Box 300777, Chicago, IL 60630-0777 Phone: 1-877-906-ASBA (2722)

Student's Full Name	Date of Birth
Primary ASBA Member's Name	O Parent or O Grandparent
ASBA Member's Email	
Student's Social Security #	
Address	Applicant Email
City/State/Zip	Home Telephone #
Are you currently attending school? O Yes O No	High School Graduation Date (month/year)
Name of School	O High School O College
Location	City/State
Approximate GPA Area of	Concentration
University or College Attending/To Attend:	
Do you participate in extracurricular activities? If ye	es, please describe:
Have you received any other scholarship awards? $$	Yes O No O Don't Know
How is your education currently funded (if applicable	le)?

Additional Information Required:

Your application will not be considered if the following items are not received in addition to the completed application form:

- 1. A brief essay of approximately one page about why you feel you deserve an ASBA Foundation Scholarship. Include your educational goals (Use a separate sheet of paper.)
- 2. Any other information you feel is pertinent to your being considered for this scholarship. (Use a separate sheet of paper.)
- 3. Two letters of recommendation.
- 4. High school and/or college transcripts official copies.

A Scholarship Selection Committee considers all of the application packages and chooses the recipients based on the above information. This information is the only means by which the committee can learn about your goals, aspirations, and need, so the information — particularly the personal essay — should be as complete as possible.

The completed application form, an essay, any other pertinent information, two letters of recommendation, and high school and/or college transcripts should be sent to: