

FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS
Scholarship Program
Application Form
(To Be Completed By Applicant)

FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS (FACT) is proud to offer its members the Scholarship Program. Approximately \$75,000 will be awarded each year to FACT members and their immediate families, with the hope of increasing accessibility to advanced education. Students will be asked to submit this application for review. *Please be assured that the information submitted will be used only by FACT to make award determinations and will not be shared with any outside sources.*

What are FACT Scholarships? Applicants may submit scholarship requests for any accredited education, post high school. This will include, but is not limited to, college, trade/technical schools, and graduate school. Applications will be accepted throughout the year and will be reviewed and awarded on a quarterly basis.

DIRECTIONS:

1. Type (computer) or print legibly in black ink.
2. Submit the following to the FACT membership office at the address listed below:
 - ◆ Completed Application Form (*make sure the membership verification form is completed on the next page*)
 - ◆ Official copy of your high school transcript (*regardless of year of graduation*)
 - ◆ Copy of college transcript/grades (*not pertinent to all applicants-only those who are currently or have previously take college courses*)
 - ◆ **AND** an essay, up to two pages, on **ONE** of the following topics:
 - What would you say is the biggest mistake you've made thus far, and how have you learned from it?
 - You are required to spend the next year of your life in either the past or the future. What year would you travel to and why?
 - If you had the authority to change your community in a positive way, what specific changes would you make?

Applicant Name & Address: _____

Today's Date: _____
Home Phone: _____
Work Phone: _____
Email: _____

Application Form

(continued)

Name of the Institution attending: _____

What is your course of study? _____

How much of the program (if any) have you completed, and how long will it take to obtain your degree?

Please tell us about any extra curricular activities and/or volunteer work within your community in which you've been involved.

Please indicate any additional sources of financial aid (including amounts) that you are or will be receiving:

Application Form

(continued)

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

Name of FACT Member _____

Name of Applicant _____

Relationship to Applicant (Must be immediate family member) _____

Membership ID _____

I certify that the information given above is accurate.

Member's Signature _____ Date _____

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