

**FRIENDS EDUCATIONAL FUND  
INITIAL APPLICATION**

**DATE:**

*A Quaker Scholarship for Undergraduate African-Americans*

[www.IndyFriends.org](http://www.IndyFriends.org)

3030 Kessler Blvd, E Dr, Indianapolis IN 46220

**This application must be fully and correctly completed and submitted to the email address of [FriendsEducationFund@indyfriends.org](mailto:FriendsEducationFund@indyfriends.org) by the deadline on the website.**

**This scholarship is only available to residents of Indiana.**

**This form to be used only if you have not previously received a scholarship. If you are seeking a renewal, see the website for the renewal application.**

**Name:**

**Gender/Pronouns:**

**Home address:**

**Telephone:**

**City:**

**State:**

**Zip code:**

**Email address:**

**Date of birth:**

**Name of high school graduated from or GED:**

**Year of graduation/GED:**

**GPA:**

**Class size:**

**High school honors received:**

**Name and address of college/institution you plan to attend:**

**Student ID at institution or other identifying number (if known):**

**Anticipated graduation month and year:**

**Father's (or guardian's) name and address:**

**Father's (or guardian's) occupation:**

**Mother's (or guardian's) name and address:**

**Mother's (or guardian's) occupation:**

**Are you eligible for free or reduced school lunch benefits?**

**How many credit hours do you intend to take each  
semester or quarter of the school year:**

**Will you be a full time or part time student?**

**Estimated College Costs:**

**Tuition and**

**fees: Room/**

**Board: Books:**

**Other:**

**Total:**

**Source of Income for College Costs:**

**Scholarships:**

**Loans:**

**Income from student**

**work: Parent or Guardian:**

**Other:**

**List below the name, address, and phone number of three persons who serve as references to your character {do not include relatives}:**

**What job or profession do you plan to enter after graduation?**

**Why did you choose this job or profession as your goal?**

**Write a brief paragraph about an experience or responsibility you have had which helped you use your God-given gifts.**

**Describe a hardship you have had and how you overcame it:**

**Is there any other information you wish the Trustees to consider?**

**How did you become aware of the Friends Educational Fund?**

*I understand submittal of this application does not guarantee a scholarship and that there is no automatic renewal of scholarships. I understand financial amounts and qualifications vary year to year. I agree to notify First Friends Meeting if I should withdraw from school with no plans to continue, take a break from school but will re-enroll within 12 months, transfer to a different school or graduate.*

*By my electronic signature below, I affirm that this is my personal application and that I have reviewed it for completeness and accuracy.*

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