

Kimberly Hollis Jordan, Chairman

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**Ann Wood FSSDAR American Indian Endowment Fund Scholarship Application
And Financial Need Form**

Name _____

Address _____

City/State/Zip+4 _____

Social Security # _____ Phone _____ Email _____

1. Person Responsible for Applicant's Support _____

Signature _____

2. Father's Occupation _____ Annual Income \$ _____

3. Mother's Occupation _____ Annual Income \$ _____

4. Applicant's Occupation _____ Annual Income \$ _____

5. Spouse's Occupation _____ Annual Income \$ _____

6. Total Family Annual Income \$ _____

7. Applicant's Annual Contribution toward Education \$ _____

8. Number and Ages of Children in Family _____

9. Number of Children in College Other Than Applicant _____

10. Name and Address of College _____

11. Planned Course of Study _____ Graduation Year _____

12. Estimated College Costs: Tuition \$ _____ Room and Board \$ _____

Transportation \$ _____ Books & Supplies \$ _____ TOTAL \$ _____

13. Sponsoring DAR Chapter (required) _____

Chapter Officer's Signature (required) _____ Date: _____