

# Bill Forbes Scholarship Application 2018

Email: \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_ Tel.# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City/Town/State/Zip \_\_\_\_\_

\_\_\_\_\_ Accepted & Attending \_\_\_\_\_

\_\_\_\_\_ Not Accepted or Undecided \_\_\_\_\_

College/University I may attend: \_\_\_\_\_

**Expenses for next academic year, rounded to nearest \$100.**

<b>Name of Institution:</b>	
City, State:	
Resident or Commuter?:	
Tuition:	
Required Fees:	
Room and Board (if resident):	
Books and Supplies:	
Transportation:	
Other: _____ 1	
<b>TOTAL:</b>	

**Resources available for coming year, rounded to nearest \$100.**

<b>Scholarship(s) from school:</b>	
Grants (specify):	
Loans (specify):	
Amounts to be funded by:	
Custodial Parent(s)	
Noncustodial Parent(s)	
Other Family Members	
Projected Summer Earnings	
Student College Savings	
Other _____ 2	
<b>TOTAL:</b>	

**Amount needed (1 minus 2)     \$ \_\_\_\_\_**

**Please return application by May 18, 2018. If by May 18, 2018 you are undecided or not yet accepted by institutions please complete the form listing institution(s) you are most likely to attend and their costs.**

**Please complete all portions of this form.**

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Name any aid application still pending and give range of possible awards and expected decision dates .

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I certify all information on this form is true and complete. I agree to notify the Bill Forbes Scholarship Committee if I receive additional scholarships, awards, grants, gifts or if I change the institution I stated I am attending. I further agree my expenditures from now on will be moderate and commensurate with this declaration of limited means.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

I (we) certify that the information given above by me (us) and by the student is complete and true to the best of my (our) knowledge. I (we) promise I (we) will notify the Committee promptly of any change in school or if more aid is received.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s)/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s)/Guardian

**PLEASE RETURN BY May 18, 2018**

Chairperson of the Bill Forbes Scholarship Foundation  
Care of Disabled Limbless Veterans, Inc.  
PO Box 244  
Winchester, MA 01890

Questions  
Please email  
[info@billforbesscholarship.org](mailto:info@billforbesscholarship.org)