

Alva J Field Trust  
Educational Financial Aid Program  
Williams County High School Graduates

Date Submitted: \_\_\_\_\_

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

NAME AND AGES OF BROTHERS & SISTERS \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

GED  YES  NO Year Completed \_\_\_\_\_

NAME OF ADMINISTRATOR \_\_\_\_\_

HS GPA \_\_\_\_\_ CLASS RANK \_\_\_\_\_ CLASS SIZE \_\_\_\_\_

COLLEGE YOU WILL ATTEND \_\_\_\_\_

PROGRAM YOU WILL STUDY \_\_\_\_\_

WHEN WILL YOU COMPLETE THIS PROGRAM? \_\_\_\_\_

ANNUAL ESTIMATED COST OF THIS PROGRAM \_\_\_\_\_

HOW MUCH FINANCIAL ASSISTANCE WILL YOU NEED ANNUALLY? \_\_\_\_\_

WHAT ARE YOUR FUTURE PLANS AND GOALS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ATTACH A CURRENT OFFICIAL OR UNOFFICIAL TRANSCRIPT

RETURN THIS COMPLETED APPLICATION TO:

ATTN: Alva J Field Trust

Neff Law, P.C. 111 E. Broadway | P.O. Box 1526 Williston, ND 58802-1526