Education	lva J Field Trust al Financial Aid Program ADUATE SEEKING GRADUATE DEC	reur.
NAME		
ADDRESS		
	STATE	ZIP
E-MAIL ADDRESS	PHONE NO	
F MARRIED, SPOUSE'S NAME		
SPOUSES OCCUPATION		
NUMBER OF CHILDREN		
NAME OF HIGH SCHOOL	YEAR	GRADUATED
GED <u>YES NO</u> Year C	Completed	
NAME OF ADMINISTRATOR		
UNDERGRADUATE GPA		
COLLEGE/UNIVERSITY YOU WILL ATTEND		
PROGRAM YOU WILL STUDY		
WILL THIS PROGRAM BE (CIRCLE ONE)		
A. ON CAMPUS – SCHOOL YEAR	VETERAN: YES	NO
B. ON CAMPUS – SUMMER SCHOOL		
C. ON LINE/IVN (DISTANCE EDUCATI	ION)	
D. OTHER (EXPLAIN)		
WHEN WILL YOU COMPLETE THIS PROGRAM?	?	
ANNUAL ESTIMATED COST OF THIS PROGRAM	Л	
HOW MUCH FINANCIAL ASSISTANCE WILL YO		
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