

Date Submitted: _____

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

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 _____

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