



FLEDA

Frontier Local Economic Development Association

Applicant: Please complete the information below and return to the Guidance Counselor no later than March 19. We will notify you by May 15 if you have been selected to receive one of two \$250.00 scholarships.

SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Telephone Number: _____

Parents' Names: _____

No. of Siblings: _____

Please use an attachment should you wish to provide more detailed information.

A. Please list high school activities: _____

B. Employment (Name of employer, length of time you have worked there, hours per week, and brief description of what you do: _____

C. Community Involvement/Activities/Organizations/Clubs: _____

D. College/University/Trade School and location you are planning to attend and chosen field of study:

E. What are your plans upon completion of your degree/certification?

F. Please describe in a short essay what you believe are the benefits of living in our Community, what are the disadvantages, and how those disadvantages can be improved?

G. Please include any other information you feel may be pertinent to our decision.

48 Contiguous States and D.C Poverty Guidelines (2021)

Please circle the value that best represents your family's income.

Household Size	100%	200%	300%	400%
1	\$12,880	\$25,760	\$38,640	\$51,520
2	\$17,420	\$34,840	\$52,260	\$69,680
3	\$21,960	\$43,920	\$65,880	\$87,840
4	\$26,500	\$53,000	\$79,500	\$106,000
5	\$31,040	\$62,080	\$93,120	\$124,160
6	\$35,580	\$71,160	\$106,740	\$142,320
7	\$40,120	\$80,240	\$120,360	\$160,480
8	\$44,660	\$89,320	\$133,980	\$178,640
For each additional person, add	\$4,540	\$9,080	\$13,620	\$18,160

FLEDA Scholarship

Counselor/Principal Evaluation Form

Student's Full Name: _____

This information should reflect the student's status at the conclusion of the most recent grading period of the senior year:

Grade Point Average _____ of a possible _____ points. Rank in class: _____

ACT Composite Score _____ or SAT Scores _____

The following information should reflect your personal observation of this student:

Please rate this student as to his/her overall effort exhibited during the school year:

Outstanding _____ Above Average _____ Average _____

Please rate this student as to his/her inclination to succeed in post-secondary education:

Outstanding _____ Above Average _____ Average _____

Please rate this student as to his/her character:

Outstanding _____ Above Average _____ Average _____

Based on your knowledge of this student, please indicate your perception of his/her need for financial assistance:

Definite Need _____ Possible Need _____ Questionable Need _____

Please use the space provided for additional remarks and /or to explain any special circumstances the Scholarship Selection Committee should take into consideration:

PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM

Signature of Counselor/Principal Title Date