

**Community Foundation of Greater New Britain, College Scholarship Application**

**Austrian-Hungarian Singing – Sick Benefit Society Donau, Inc**

**Page 1 of 3**

(If you need extra space in any section of this application, use additional sheets of paper, making sure you put your name, address and “Austrian-Hungarian Scholarship” on each page.)

**Applications must be received by March 31**

**ELIGIBILITY REQUIREMENTS**

1. Preference will be given to candidates planning to enter careers related to the Austrian/German culture or language.
2. Preference will be given to candidates who are members of the Austrian-Hungarian Club.
3. Preference will be given to candidates who are of Austrian, German, or Swiss-German descent.
4. Applicants must be of good academic standing.

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Father, stepfather, or male guardian:

Name \_\_\_\_\_

Address, if different \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother, stepmother, or female guardian:

Name \_\_\_\_\_

Address, if different \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Other Dependents of Parents Living at Home: (If more dependents, add page)

Name \_\_\_\_\_ Age \_\_\_\_\_

Name of School of Work: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name of School of Work: \_\_\_\_\_

**All information contained in this application is Confidential.**

**HIGH SCHOOL INFORMATION**

School Name \_\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_

Principal's Name \_\_\_\_\_ Guidance Counselor's Name \_\_\_\_\_

**COLLEGE INFORMATION**

List the colleges to which you have applied. If you have been accepted, indicate with a check mark (✓). If you know where you will be attending, indicate with an asterisk (\*).

- ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If you know where you will be attending please provide the estimated annual cost of tuition and room and board \_\_\_\_\_

**ADDITIONAL INFORMATION**

In college, what do you plan to major in or pursue a career in?  
(please be as specific as possible about your intended field)

\_\_\_\_\_  
\_\_\_\_\_

Are your parents current or past members of the Austrian-Hungarian Club?

\_\_\_\_\_  
\_\_\_\_\_

Delineate your Austrian, German, or Swiss-German origin or your reason for your interest in the Austrian/German culture or language in two or three sentences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESSAY REQUIREMENT (Your essay should be no more than 500 words)**

Please attach a brief description of yourself in terms of the schools attended, church affiliation and activities participation, employment engagements, community activities, offices held in organizations participated, honors received, and achievements in sports. Also include details of your future aspirations.

**PROCEDURAL INFORMATION**

Completed application with all required attachments must be received at the following address no later than March 31:

**Community Foundation of Greater New Britain  
Austrian-Hungarian Scholarship  
74A Vine Street  
New Britain, CT 06052**

**ATTACHMENTS**

1. The completed Austrian-Hungarian Scholarship Application.
2. Your Essay as described on page 2 of this application.
3. Submit one letter of recommendation from your high school principal, teacher or guidance counselor, or other adults in your life who can attest to the evidence provided in your essay.
4. A copy of your high school transcript including grading scale, class ranking, and SAT or ACT scores.

**It is your responsibility to make sure that your application package is complete. Incomplete application packages will not be considered for this award.**

You may direct questions to the Scholarship Manager, at 860-229-6018, ex. 300

**I certify** that I meet the basic eligibility requirements of the program as described, and that the information provided is complete and accurate to the best of my knowledge.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**(A parent or guardian signature is required if applicant is under age 18. Unsigned applications will not be considered complete.)**