



FOSTER CTE CENTER
Generic FTC Scholarship

Name:	
Phone number:	
Emails (school and personal list both)	School- Personal-
Parents/Guardian with whom you reside	
Parents/Guardian occupation and/or employer	
Total number of people living in your household	
School you plan on attending	
Number of people living in your household who will be attending college next year including yourself.	
Estimated cost of attendance for the 2024-25 school year. This is based on your future schools' Aid award letter	
Estimated Family Contribution (based on the	

<p>most recent FAFSA) If you have an estimate - list that, please.</p>	
<p>Estimated cost of attendance minus estimated Family contribution = need. Please write in the need.</p>	
<p>Intended program of study.</p>	
<p>Please include any extracurricular activities.</p>	
<p>Please list any community service or volunteer work.</p>	

<p>Provide a summary of how this scholarship would benefit you.</p>	
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Are you a member of any of these programs that have an agreement with you to assist with your college payment?

- Bureau of Vocational Rehabilitation
- V-9
- CSSP Scholarship
- Embark
- Veterans Assistance
- Other

To complete this application please take a picture and upload the following documents:

*A copy of your college (program) acceptance letter

Signature of student

Date