



Due: July 14, 2019

CONFIDENTIAL

THE BORCK FAMILY FOUNDATION, INC. SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

PARENT OR GUARDIAN'S NAME: _____

ELECTIVE OFFICES HELD IN SCHOOL: _____

EXTRACURRICULAR ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

COLLEGE YOU WILL ATTEND: _____

COLLEGE ADDRESS: _____

RANK IN CLASS: _____ OUT OF: _____

(Please attach certified transcript)

CERTIFIED BY: _____ TITLE: _____

ASSOCIATION AND/OR PARTICIPATION WITH GOLD (ATTACH A STATEMENT IN 100 WORDS OR LESS DESCRIBING YOUR ACTIVITY WITH GOLF)

THE BORCK FOUNDATION, INC.

2507 Post Road • Southport, Connecticut 06890



DUE: July 14, 2019

**THE BORCK FAMILY FOUNDATION, INC. SCHOLARSHIP
PARENT'S CONFIDENTIAL FINANCIAL STATEMENT**

FATHER'S NAME (OR GUARDIAN): _____

HOME ADDRESS: _____

EMPLOYED BY: _____

EMPLOYER'S ADDRESS: _____

MOTHER'S NAME: _____

EMPLOYED BY: _____

EMPLOYER'S ADDRESS: _____

DO YOU OWN OR RENT YOUR HOME? _____

ANNUAL INCOME (LINE 15- IRS FORM 1040A): \$ _____

APPROXIMATE TOTAL INDEBTEDNESS: \$ _____

APPROXIMATE ANNUAL FAMILY & HOME EXPENSES: \$ _____

NO. OF CHILDREN: _____

AGES OF CHILDREN: _____ _____ _____
 _____ _____ _____

NUMBER OF CHILDREN IN COLLEGE, PRIVATE OR PAROCHIAL SCHOOLS AT THIS TIME: _____

SIGNED: _____

(PARENT)

NOTE: THIS FORM WILL BE SEEN ONLY BY THE MEMBERS OF THE BORCK FAMILY FOUNDATION, INC. SCHOLARSHIP COMMITTEE WHO ARE CHARGED WITH THE RESPONSIBILITY OF MAKING THE SCHOLARSHIP AWARD AND WILL THEN BE IMMEDIATELY DESTROYED.

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