

Date Submitted: _____

Alva J Field Trust
Educational Financial Aid Program
WILLIAMS COUNTY GRADUATE SEEKING GRADUATE DEGREE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ PHONE NO. _____

IF MARRIED, SPOUSE'S NAME _____

SPOUSES OCCUPATION _____

NUMBER OF CHILDREN _____

NAME OF HIGH SCHOOL _____ YEAR GRADUATED _____

NAME OF ADMINISTRATOR _____

UNDERGRADUATE GPA _____ GRADUATE GPA _____

COLLEGE/UNIVERSITY YOU WILL ATTEND _____

PROGRAM YOU WILL STUDY _____

WILL THIS PROGRAM BE (CIRCLE ONE)

A. ON CAMPUS – SCHOOL YEAR _____ VETERAN: YES _____ NO _____

B. ON CAMPUS – SUMMER SCHOOL

C. ON LINE/IVN (DISTANCE EDUCATION)

D. OTHER (EXPLAIN)

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