

**REV. MICHAEL J. BADER MEMORIAL SCHOLARSHIP FUND**  
**FAMILY INFORMATION SHEET**  
**DEADLINE FOR CHAIRMAN'S RECEIPT IS MARCH 14<sup>TH</sup>**

1. Applicant Address: (Print) \_\_\_\_\_

2. Applicant Name: (Print) \_\_\_\_\_

3. Applicant Telephone Number: \_\_\_\_\_

4. Father's Name: \_\_\_\_\_ Gross Income Last Year: \_\_\_\_\_

Occupation: \_\_\_\_\_

5. Mother's Name: \_\_\_\_\_ Gross Income Last Year: \_\_\_\_\_

Occupation: \_\_\_\_\_

\* NOTE: Judges will hold all information in confidence.

6. High School Telephone Number: \_\_\_\_\_

7. Ages of School Children at Home (Other than applicant) \_\_\_\_\_

Ages of Children now in College: \_\_\_\_\_

8. To what Colleges have you been accepted thus far? \_\_\_\_\_

\_\_\_\_\_

9. What is your intended Major? \_\_\_\_\_

10. Amount of Scholarships received to date? \_\_\_\_\_

11. Do you expect to receive any other financial assistance other than from your parents? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

12. Assemble and send a typed, all-inclusive, itemized list of all your extra curricular activities since entering High School. Those activities are to be separately listed under the headings of: School - Church - Community. Attach that list to this BF1 Form and mail to the Scholarship Chairman to arrive on or before March 14<sup>th</sup>.

DATE: \_\_\_\_\_ STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE FOR VERIFICATION: \_\_\_\_\_

Return to:  
Kevin E. Legge, Chairman Fr. Bader  
1804 Windhurst Drive  
Hardy, VA 24101-3767