



**REVISIONS**

The SER Board of Directors reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the scholarship program. Previously

SFB Corporation

Type or print all

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Major: \_\_\_\_\_

College grade point average: \_\_\_\_\_

Enclose college transcript.

9. A. How many college credit hours will you enroll in for next semester? \_\_\_\_\_  
B. How many college credit hours did you earn last semester? \_\_\_\_\_  
C. Total college credit hours earned to date: \_\_\_\_\_

10. Have you received this scholarship previously? \_\_\_\_\_

Year? \_\_\_\_\_

Number of dependent children \_\_\_\_\_

Number of above dependent children in college \_\_\_\_\_

Your spouse's occupation \_\_\_\_\_ total annual income \_\_\_\_\_

10 Please enclose a photo suitable for a press release. Indicate names, addresses, phone and fax numbers of