August P. and Essie W. Krausman Scholarship Fund
First Year College Application
September 2020 through May 2021 Year

The Last Will & Testament of Essie W. Krausman, dated June 21, 1963 was established in memory of August P. Krausman, and the scholarship or scholarships established shall be known as the August P. & Essie W. Krausman Scholarships.

In selecting the student or students, it was Ms. Krausman’s desire the Trustees take into consideration the **scholastic standing**, the **need** and the **moral and religious attributes** of the student or students under consideration who have graduated from Pinellas County, Florida high schools.

*Completed application along with ONE letter of recommendations and transcript of most recent grades should be submitted no later than May 15th to the Trustee:*

Mr. Marc Mauro  
Bank of America, Private Bank  
100 Westminster St.  
MS: RI1-536-05-03  
Providence, RI 02903  
866-461-7287
KRAUSMAN
APPLICATION FOR SCHOLARSHIP

1. Name ____________________________________________________ Age ________________

2. Home Address ____________________________________________ Street

____________________________________________________________________________________

Telephone __________________________________ City State Zip Code

3. Email Address (Please write or type legibly)

4. Date of Birth ____________________ Place of Birth ________________________________

5. Are you a resident of USA? Yes No Country of Citizenship ____________________________
   (Circle one)

6. Religion

   Church Affiliation (if any)

7. High Schools Attended:
   (Please include City & State)

   ___________________________________________ From ________ To ________

   ___________________________________________ From ________ To ________

   ___________________________________________ From ________ To ________

   (Attach a transcript of grades for the most recent two semesters.)

8. University or College you expect to attend & degree you will be seeking:
   a. University or College _____________________________________________
   b. Degree _____________________________________________
   c. Expected Graduation Date ____________________________________________

9. Please list all Universities or Colleges to which you have applied:

   Name _____________________________________________________________ Accepted?

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________
10. List on a separate sheet the extracurricular activities you have participated in this year, any office you may have held, and prizes or honors you may have won.

From ___________________________ To ___________________________

Reasons _______________________________________________________

11. Do you plan to operate an automobile at college? (Circle One) Yes No

If so, Year & Make ___________________________ Owner ___________________________

12. If you will not be living with your family during the school year, state living arrangements.

(Circle One)

Residence Halls Room in Private Home Room & Board Job

Fraternity House Room & Board Job Other _______________________

13. Applicant’s Proposed Budget: Dates of Period Covered by Budget

From ___________________________ To ___________________________

Resources (Circle One)

Semester or Quarter Academic Year

From Parents: ___________________________ ___________________________

From Student: ___________________________ ___________________________

Scholarships or Aid (Source: ____________ ) ___________________________ ___________________________

Other (Attach Explanation) ___________________________ ___________________________

Total ___________________________ ___________________________
**KRAUSMAN SCHOLARSHIP**

(Circle One)
Semester or Quarter

<table>
<thead>
<tr>
<th>Expenses</th>
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<th>Academic Year</th>
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<tbody>
<tr>
<td>Tuition</td>
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<td>Room &amp; Board</td>
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<td>Books &amp; Supplies</td>
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<td>Transportation</td>
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<td>Recreation/Entertainment</td>
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<td>Clothing</td>
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<td>Miscellaneous</td>
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<td><strong>Total</strong></td>
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A. Have you any existing debts? If so, itemize and explain repayment agreements. Include whether repayment is required during school or after graduation.

14. Please explain any special circumstances which may affect your parents’ ability to finance your education. (For example: divorce or separation arrangements, dependencies, and illnesses, education expenses for other children or other pertinent factors.)

15. Please explain your overall plan for meeting your total education expenses. Comment on your assets, resources, work ability, etc.
16. References: Please list persons from whom we can obtain additional information regarding your:

a. Character and Reputation in your community

Name ________________________________ Telephone __________________

Address ____________________________________________
Street __________________ City __________ State ______ Zip ______

Connection with applicant __________________________________________

b. Business relationship with your community

Name ________________________________ Telephone __________________

Address ____________________________________________
Street __________________ City __________ State ______ Zip ______

Connection with applicant __________________________________________

c. Scholastic Ability

Name ________________________________ Telephone __________________

Address ____________________________________________
Street __________________ City __________ State ______ Zip ______

Connection with applicant __________________________________________

17. I hereby certify that I am in need of financial aid in order to pursue my college education.

I will use the proceeds of the financial aid only for the payment of tuition and fees, books and supplies, board and room, and other similar living expenses.

I hereby state that the information submitted herewith is true and correct. I have no disabilities that would adversely affect my ability to perform the requirements of the school I plan to attend.

Date ___________________________ ________________________________

Signature of Applicant

18. I have read the foregoing application in full and hereby state that the applicant is applying with my knowledge and consent and that the information submitted is true and correct to the best of my knowledge.

Date ___________________________ ________________________________

Signature of Parent or Guardian

(If applicant is under 18 Years of Age)