

**FOREVER FELTON FOUNDATION SCHOLARSHIP
C/O ALBANY TECH FOUNDATION**

STUDENT IDENTIFICATION #: _____

Personal Information

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Gender:** Male Female Other

Address: _____

City	State	Zip Code
------	-------	----------

Demographics

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

Highest Level of Education Completed:

- No formal education
- Elementary school
- Middle school
- Some High school

Current Employment Status:

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed
- Other

I give permission to share my application with Forever Felton Foundation? Yes No

Student's Signature: _____

*Please submit application to the Adult Education Office
Artesian Hall, Room 115*

College Administration Only

Adult Education Personnel

Verification of age (55+)

GED Testing Assistance Recommended GED Test Cost: \$_____

Transportation Assistance Recommended Transportation Cost: \$_____

Adult Education Approval:

Printed Name

Title

Date submitted to Albany Tech Foundation (ATF): ___/___/___

Date received in ATF office: ___/___/___ _____
Foundation Administrator

Forever Felton Foundation Administration Only

Approved

Denied

Approver

Date