

# GREAT NECK STUDENT AID FUND, INC.

## BIOGRAPHICAL QUESTIONNAIRE

The questions in this form are designed to collect information about your background, your interests, and your plans. Your answers to these questions will be used only in connection with your application in this Student Aid program and will be divulged only to qualified persons who must see them in the course of their duties.

### YOU — THE APPLICANT

1. Name in full (pleast print) \_\_\_\_\_  
(last) (first) (middle)
2. Permanent home address \_\_\_\_\_ Telephone number \_\_\_\_\_  
(street and number) (town or city) (state) (zip code)
3. If your present mailing address is different from your permanent home address, please fill in the next two lines.  
Present mailing address \_\_\_\_\_ Telephone number \_\_\_\_\_  
(street and number) (town or city) (state) (zip code)  
Present mailing address is effective until \_\_\_\_\_  
(date)
4. Date of birth \_\_\_\_\_ Age last birthday \_\_\_\_\_  
(month) (day) year
5. Place of birth \_\_\_\_\_  
(town or city) (state) (country)
6. Citizenship: U. S. \_\_\_\_\_ Other \_\_\_\_\_  
(please name country)

### YOUR FAMILY

1. Father's full name \_\_\_\_\_ Is he living? \_\_\_\_\_
2. Father's home address \_\_\_\_\_
3. Father's Occupation: Be specific. If he is not living, state what his occupation was \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of organization for which your father works \_\_\_\_\_
5. Address of organization for which he works \_\_\_\_\_
6. Mother's full name \_\_\_\_\_ Is she living? \_\_\_\_\_
7. Mother's home address \_\_\_\_\_

8. Mother's occupation \_\_\_\_\_

9. Name of organization for which your mother works? (if housewife, leave blank) \_\_\_\_\_

10. Address of organization for which she works \_\_\_\_\_

11. Brothers: age \_\_\_\_\_ Occupation \_\_\_\_\_  
                  or grade \_\_\_\_\_  
                  in school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Sisters: age \_\_\_\_\_ Occupation \_\_\_\_\_  
                  or grade \_\_\_\_\_  
                  in school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name of parent or guardian who supports you \_\_\_\_\_

14. If you have listed the name of someone other than your father or mother as the person who supports you, please give the following information about him:

Address: \_\_\_\_\_

Relationship to you \_\_\_\_\_ Occupation \_\_\_\_\_

#### YOUR SCHOOLING AND ACTIVITIES

1. List in chronological order all schools attended in the last five years.

Name of School	Location	Dates of Attendance

2. List your extracurricular activities (not more than 4 and excluding jobs) during the past three or four years, in order of their interest for you. (Example: student government, dramatics, athletics, debating, publications, orchestra, Boy or Girl Scouts, 4-H Club, Red Cross, church groups, etc.)

Activity	Position held

3. List any distinctions you have won, scholastic or otherwise

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4. List work and vacation experience during past three years.

		Activity or Job	Employer	Total Amount Earned
9th grade 19 —	School Year			
	Summer			
10th grade 19 —	School Year			
	Summer			
11th grade 19 —	School Year			
	Summer			

5. State briefly how you plan to spend this coming summer. If you plan to work, how much do you expect to earn? \_\_\_\_\_

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#### YOUR COLLEGE OR OTHER EDUCATIONAL PLANS

1. To which colleges or institutions have you made application? List in order of preference.

Name	Address	Course (Major)	If you have been accepted—check (✓)

2. If one of the above schools is within commuting distance, do you plan to live at home? \_\_\_\_\_ live at school? \_\_\_\_\_

3. Have you competed or are you planning to compete in any national, state or other scholastic contests.

Name \_\_\_\_\_

Result, if known


4. (a) Have you applied elsewhere for financial aid? Yes ☐ No ☐ If so, please indicate:

Institution

Amount


(b) If not, why not?


### ADDITIONAL INFORMATION

Use the space below for any additional comments about yourself, your family, and your goals that you think will be helpful to the Selection Committee. Please feel free to attach a separate paper to this form if space is inadequate.

**Please check carefully to make sure that you have answered this questionnaire completely.**

Date \_\_\_\_\_

**Applicant's Signature**

 Great Neck  
Student Aid  
Fund, Inc.

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