



Juliana Tolani Foundation
 6055 Cleveland Avenue Columbus, Ohio 43231
 Phone (614) 781-1085 • Fax (614) 917-1010
www.felbrycollege.edu



APPLICATION FORM

Today's Date _____

Legal Name: Last _____ First _____ MI _____

E-mail: _____

Address: _____

City _____ State _____ Zip _____

Phone Number (please indicate if this is a cell phone): _____

Nationality _____ Sex _____

Program of Study: _____

Enrollment Period: Winter Spring Fall

List at least one club, community activities, volunteer work, awards, honors, etc., in which you have participated in the last one year.

Description	Date(s)	Leadership roles/awards

PERSONAL ESSAY

Instructions: Please let us know how this scholarship would positively impact your ability to pursue your program at Felbry and how Mrs. Juliana Tolani's biography has been a blessing to you. Any additional information you wish to provide on why you feel you qualify for this award is appreciated. However, your essay must be typed, 1-2 pages long and 250 words minimum. Attach your essay separately to the completed form or email as an attachment to finaid@felbrycollege.edu, attention: Director of Financial Aid, subject: Juliana Tolani Scholarship.



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AUTHORIZATION TO RELEASE INFORMATION

With my signature below, I hereby:

- (1) Authorize the release by any party of all information regarding my academic status and standing; financial aid status; contact information; and any other information needed by **The Felbry Scholarship Initiative Board** to process this scholarship application.
- (2) Certify that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form.
- (3) Give permission for **The Felbry Scholarship Initiative Board** to quote, publish and exhibit my name, photo, and any other portions of this scholarship application in any manner deemed necessary by the school to further its mission.
- (4) Agree to be bound by all the terms and conditions of this scholarship application.

Name of Applicant (printed): _____

Signature of Applicant: _____ Date: _____

(If applicant is under the age of 18, parent/guardian signature also required)

Name of Parent/Guardian (printed): _____

Signature of Parent/Guardian: _____ Date: _____