

Fayetteville State University

Office of Financial Aid

1200 Murchison Rd

Fayetteville, NC 28301

The Smithfield Foundation Scholarship Application

This application must be returned to the address above by July 15, 2018. Please submit your application typed or in black ink.



PERSONAL DATA

Legal name: _____ Prefer to be called: _____
Last First Middle (Complete) Jr., (etc.)

Birth date: _____ Social Security number: _____ Sex: _____ Marital Status: _____

Permanent Home Address: _____
Number and Street

City County State ZIP

Mailing Address (if different from above): _____

Telephone: _____ E-mail Address: _____
Area Code Number

EDUCATIONAL DATA

High School/City: _____ Expected Graduation Date: _____

College Advisor (if applicable): _____ School Telephone: _____

Transfer Students: High school from which you graduated or previous college or university attended: _____

FAMILY INFORMATION

Please give the name of at least one family member (father, mother, or grandparent) who works for Smithfield Foods and complete the following section.

Full Name: _____

Father or step-father Mother or step-mother Grandparents

Is the person above a current employee? Yes _____ No _____ Employee ID _____ Division _____

Address (division location): _____

Human Resources Office: _____
Contact Person Phone Number

The signatures below signify permission to share with The Smithfield Foundation all information included in the application, my application for admission and my application for need-based aid at Fayetteville State University.

Student's signature _____ Date _____

Parent's signature _____ Date _____