

TFG Fostered Start Scholarship Application

This scholarship is available for any senior graduating from a Tipton County public or private school, HiSET program, or homeschool setting and who is currently in foster care. Deadline for scholarship is February 15^{th} .

	Your Information
Full Name:	
Date of Birth:	
Caseworker:	Caseworker Phone #:
Graduation Date:	
Current School:	
Your Phone #:	
Your Email:	
Foster Parent- Guardian Name:	
Foster Parent- Guardian Phone:	
Foster Parent- Guardian Email:	
	Vous Ctory
	questions. Use the back of form if necessary. Please know all information lential and will be treated with the utmost respect.
1.) Tell us abou	ut your current living situation and about your experience in foster care.

2.)	Tell us about your plans after graduation. Do you have a career field or college plan?
3.)	If you are awarded the TFG Scholarship, how will you use the money?
4.)	What is the most important thing that your experience in foster care has taught you?
5.)	What do you think is your greatest strength? How do you use that strength to succeed?
6.)	What do you think is your greatest struggle? How do you overcome those obstacles?

	
8.) What perso	nal achievement are you most proud of?
	or things do you wish you had for yourself or your place as you head out on What would be on your wish list?
	Your References
tters of recomme	Your References name of one person who can give a letter of recommendation on your behalf endation can be emailed to communityrelations@thefosteredgift.org. Your be complete until we receive your letter of recommendation.
tters of recomme	name of one person who can give a letter of recommendation on your behalf endation can be emailed to communityrelations@thefosteredgift.org. Your be complete until we receive your letter of recommendation.
tters of recomme plication will not ference Name:	name of one person who can give a letter of recommendation on your behalf endation can be emailed to communityrelations@thefosteredgift.org. Your be complete until we receive your letter of recommendation.
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