

# ADAMS FUTURE BUSINESS LEADER SCHOLARSHIP STUDENT INFORMATION FORM

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Scholar's Address for **fall term**: \_\_\_\_\_  
number street city/town state zip code

Telephone # for **fall term**: ( ) \_\_\_\_\_ Additional Telephone # :( ) \_\_\_\_\_

Valid E-mail Address: (**required**) \_\_\_\_\_ Major: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
number street city/town state zip code

Your stipend check will be forwarded to the school address unless you initial here. I request the Foundation mail my stipend check to the permanent home address \_\_\_\_\_ (Initial)

Are you currently employed? YES / NO

Company: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Mailing Address: \_\_\_\_\_

## PLEASE READ

I understand the need-based Adams Future Business Leader Scholarship is awarded on a yearly basis, but if I am eligible, scholarship funds are available for a total of four years of undergraduate study. I understand that as an Adams Future Business Leader Scholarship recipient, I am expected to:

- ◆ be gainfully employed during summer breaks
- ◆ maintain at least a 3.0 cumulative grade point average
- ◆ volunteer at least 30 hours per year at an approved youth service organization
- ◆ re-certify biannually
- ◆ continue to major in business as a full time student
- ◆ notify the Foundation *immediately* of any significant lifestyle changes which may alter my qualification as an Adams Future Business Leader scholar (e.g., academic, or financial status)
- ◆ meet the other requirements of the scholarship

*The Foundation reserves the right to retroactively change or eliminate its award in the event the financial condition or lifestyle of the recipient changes or if the financial condition of the recipient is other than that represented to the Foundation.*

**My signature below indicates I accept this scholarship under the terms listed above and those outlined in the *Scholarship Handbook* at [www.adamsfound.org](http://www.adamsfound.org). I recognize the Foundation encourages scholars to seek employment in Baltimore after college graduation. I pledge to volunteer with children or youth, primarily in Baltimore, each year I receive the Adams Future Business Leader Scholarship. I understand for scholarship continuation, all fall term documents must be approved and funding must be disbursed November 1.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## RETURN COMPLETED FORMS TO:

**Scholarship Coordinator**  
The Adams Foundation, Inc.  
1040 Park Avenue, Suite 300  
Baltimore, MD 21201

# ADAMS FUTURE BUSINESS LEADER SCHOLARSHIP EMPLOYMENT RECORD

All scholars are expected to be gainfully employed during summer breaks.

Name: \_\_\_\_\_ ID # or S.S. #: \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

**Employer:** \_\_\_\_\_

\_\_\_\_\_

number	street	city	state	zip code
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Supervisor telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ TOTAL NET EARNINGS: \$ \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Employer:** \_\_\_\_\_

\_\_\_\_\_

number	street	city	state	zip code
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Supervisor telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ TOTAL NET EARNINGS: \$ \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MORE**

**\*If you have special circumstances that prevent you from working this summer, please explain.**

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**I certify that the above information is factually correct and honestly presented. I recognize the Foundation encourages scholars to seek employment in Baltimore after college graduation. The Foundation has my permission to contact the above employer (s) to verify my employment record.**

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

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The Adams Foundation, Inc.  
1040 Park Avenue, Suite 300  
Baltimore, MD 21201

# ADAMS FUTURE BUSINESS LEADER SCHOLARSHIP VOLUNTEER SERVICE RECORD

All scholars must volunteer at least 30 hours with children or youth during each year of funding. Scholars may volunteer at any time during the year as long as the service is first approved by the Foundation. **Fourth year scholars are required to volunteer during the fall term of their fourth year to receive funding for the spring term.**

Name: \_\_\_\_\_

Volunteer Organization: \_\_\_\_\_

Organization address: \_\_\_\_\_  
number street city/town state zip code

Organization telephone number: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_  
(name) (title)

Your Title: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date	Duties	Hours Completed	Initial

**I certify that the above information is factually correct and honestly presented. The Foundation has my permission to contact the above volunteer organization to verify my record.**

\_\_\_\_\_  
 Adams Future Business Leader Scholar      Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor      Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

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 Baltimore, MD 21201

# ADAMS FUTURE BUSINESS LEADER SCHOLARSHIP

## STUDENT BUDGET WORKSHEET

Name: \_\_\_\_\_ ID # or S.S. #: \_\_\_\_\_

**INSTRUCTIONS** - Provide annual amounts for "INCOME" and "EXPENSES" columns. **Parent (family) contribution is required.** Check totals *carefully*. Subtract "**TOTAL INCOME**" from "**TOTAL EXPENSES**"; the difference is your "FINANCIAL NEED". Fill in "Expected Family Contribution" (EFC) from the Student Aid Report (SAR). Sign and attach a copy of the FINANCIAL AID NOTIFICATION from your institution indicating acceptance of any scholarships, grants or loans listed in the "INCOME" column. Attach a copy of award letters for "Institutional Grant/Scholarship", "Other Grant/Scholarship" and "Private Grant/Scholarship" listed in the "INCOME" column.

INCOME	ANNUAL AMOUNT
Parental Contribution (total amount <i>your parents/family</i> will contribute this year)	\$ _____
Employment Contribution (total amount <i>you</i> will contribute this year)	\$ _____
*Federal Perkins Loan	\$ _____
*Federal PLUS Loan	\$ _____
*Federal Stafford Loan	\$ _____
*Federal Work Study	\$ _____
*Federal Pell Grant	\$ _____
*Federal Supplemental Opportunity Grant	\$ _____
Other Grants/Scholarships Institutional Name: _____	\$ _____
Private Name: _____	\$ _____
Other Name: _____	\$ _____
Other Name: _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

EXPENSES	ANNUAL AMOUNT
Tuition (do not include fees)	\$ _____
Room	\$ _____
Board	\$ _____
Miscellaneous Fees & Expenses	\$ <u>1,000</u> _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
<b>FINANCIAL NEED</b> (subtract "TOTAL INCOME" from "TOTAL EXPENSES")	<b>\$ _____</b>

I certify that the above information is factually correct, and honestly presented. I have attached a **signed photocopy** of the Financial Aid Notification listing the grants, loans and scholarships received. I have also attached notification of any grants/scholarships.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**Expected Family Contribution (EFC):** \$ \_\_\_\_\_

(See Student Aid Report - SAR)