

**FOREVER FELTON FOUNDATION SCHOLARSHIP  
C/O ALBANY TECH FOUNDATION**

STUDENT IDENTIFICATION #: \_\_\_\_\_

**Personal Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female  Other

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

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

**Demographics**

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |

**Highest Level of Education Completed:**

- No formal education
- Elementary school
- Middle school
- Some High school

**Current Employment Status:**

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed
- Other

I give permission to share my application with Forever Felton Foundation?  Yes  No

Student's Signature: \_\_\_\_\_

*Please submit application to the Adult Education Office  
Prosperity Hall, Room 107*

**College Administration Only**

**Adult Education Personnel**

Verification of age (55+)

GED Testing Assistance Recommended  GED Test Cost: \$ \_\_\_\_\_

Transportation Assistance Recommended  Transportation Cost: \$ \_\_\_\_\_

Adult Education Approval:

\_\_\_\_\_  
Printed Name Title

Date submitted to Albany Tech Foundation (ATF): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date received in ATF office: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_  
Foundation Administrator

**Forever Felton Foundation Administration Only**

Approved

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

Denied

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

Approver

Date