

Scholarship Applicant Information

First Name:	MI: Las	t Name:				
Street Address:						
City:						
Telephone:	State:		-			
Date of Birth:	Email:		-			
Are you a citizen or permanent resident of the	United States?	/es No				
Are you, or a member of your family, an emplo Holding, LLC? Yes No*	member of your family, an employee of Barber DME Supply Group, LLC, Barber Holding Group, LLC, o Yes No*					
*Employees of Barber Enterprise and their family members are not eligible for consideration.						
Are you, or a member of your family, an Active, Retired, or Gold Star member of the United States Military?Y/N						
If yes, Name of the Family Member:						
Relationship to Applicant:						
Branch of the Military:						
Station (If Active):						
Address (If Different from Above):						
Number of Siblings (including yourself) attending college in the fall of 2019:						
Have you previously been awarded a scholarship from Barber Family Foundation? (If yes, indicate the year):						
Name of College/University:			_			
City:	State:		_			
Major:						
Current GPA (if applicable):						
Anticipated Graduation Date:						
vious Educational Information st recent information first						
Name of School:						
City:	State:		-			
Field of Study:	Degree Obtain	ed:				
Dates Attended:	Current GPA (if	applicable):				
Name of School:						
City:	State:		_			
Field of Study:	Degree Obtain	ed:				
Dates Attended:	Current GPA (if	applicable):				



Name of School:					
City:					
	Degree Obtained:				
Dates Attended:					
Name of Guidance Counselor (If a high school senior):					
Contact Email:	Contact Telephone:				
acurricular Activities an	nd Community Service				
What are the groups to which yo	ou currently belong (Attach additional sheets as	necessary):			
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Diagonalista a sur Followski da Araba					
Please list your Extracurricular Activities, Community Involvement and Volunteer Experiences					
Activity		Ye	ears Involved		
v Question					
y Question					
y Question					
	ss, how your extracurricular activities and volun	teer experie	nces are helping to prep		
Please tell us, in 500 words or les you for a life of leadership and se	ervice to others.	teer experiel	nces are helping to prep		
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Additional Comments

Continued

Please list any additional information that the Scholars	hip Committee might find useful ir	n evaluating your Application:
I certify that the information contained in this Application and belief.	ation is true and complete to the	best of my knowledge,
Signature:	Date:	
REQUIRED UPLOADS OR DOCUMENTS TO BE SUPPLIED Essay Question Filed Tax Return (First Page) Military Identification Card College Acceptance Letter (If a high school senior)) BY YOU	
REQUIRED OUTSIDE DOCUMENT CHECKLIST: Teacher RecommendationGuidance Counselor Recommendation (If a high school School Transcript	ool senior)	
Guidance Counselor Recommendation (If a high sch	ool senior)	

You may submit your application online at www.mybff.org. Please ensure that your application, including all documents, are submitted by 11:59 P.M., EST on May 15, 2019. Any requested outside documents must be mailed to Barber Family Foundation, P.O. Box 220983, Chantilly, VA 20153 in time to be received by May 15, 2019. Any incomplete application, or application received after this date, will not be considered.

If mailing, please submit this form, along with all required documents to Barber Family Foundation, P.O. Box 220983, Chantilly, VA 20153. Please ensure that both your application and all required documents, including those required outside documents, are received by us by 11:59 P.M., EST, on May 15, 2019. Any incomplete application, or application received after this date, will not be considered.