

**The Charles C. Faranna Scholarship Fund**  
c/o Elizabeth A. Pullum Johnson, Trustee  
7300 South Birch Ave.  
Broken Arrow, OK 74011  
Telephone 918-451-0710 Fax 918-451-3192

**Filing Deadline - April 1, 2025**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Graduation From High School \_\_\_\_\_

**PLEASE ATTACH A CURRENT TRANSCRIPT OR GRADES FROM THE HIGH SCHOOL  
OR COLLEGE YOU ARE NOW ATTENDING**

Have you applied for any other scholarships? \_\_\_\_\_ From Whom \_\_\_\_\_

Are you the recipient of any other scholarships? \_\_\_\_\_ If so, from whom and amount?  
(School, college, etc.) \_\_\_\_\_

Estimate the amount your parents plan to assist in your expenses \_\_\_\_\_

Do you plan to work to assist in your expenses? \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of children in family \_\_\_\_\_ How many in the family home? \_\_\_\_\_

How many are attending college? \_\_\_\_\_

Explain any unusual circumstances that might affect your need for a Scholarship

Present school \_\_\_\_\_ What is your grade point average? \_\_\_\_\_

What is your intended major? \_\_\_\_\_ What is your ACT score? \_\_\_\_\_

Name and address of college that I have or will apply to attend \_\_\_\_\_

Name and addresss of Financial Aid Office check to be sent \_\_\_\_\_

I have been accepted for admission Yes \_\_\_\_\_ No \_\_\_\_\_ Have not heard \_\_\_\_\_