

Andrea Feltus-Flynn Scholarship and Support Foundation

2026 SCHOLARSHIP APPLICATION

The Andrea Feltus-Flynn Scholarship & Support Foundation is offering a **\$500** scholarship to one graduating senior from your school. The scholarship is awarded on a **one-time basis** as an incentive for high school graduates to pursue an advanced education. All eligible student applicants will be given consideration.

The scholarship will be sent to the recipient once proof of enrollment at any accredited college, university, junior college, vocational or specialized school is received by the Foundation at the address below. This scholarship is **non-renewable** and must be used during the **2026-2027** academic year.

The purpose of the scholarship is to assist students as they begin their post secondary careers. The recipient will be recommended by the **AFSF Scholarship Committee** and selected upon approval of the Executive Board. The contents of this application will be used by the Committee as an aid in selecting the recipient of this scholarship. All information will otherwise be kept confidential, will be stored securely for 3 years, and disposed of securely after that time.

The awardee will be considered based on need, academic performance and extracurricular activities, including community service.

Note: Application Forms are available from your **Guidance Counselor/Office**.

Deadline: The application and required information must be submitted to your counselor by **Friday, May 15, 2026**. Send all documents no later than midnight **May 15, 2026** via email to Monica Huddleston at mc4466@swbell.net; or via US mail, postmarked no later than **May 15, 2026** to Monica Huddleston, 53 Greendale Drive, St. Louis, MO 63121-4728. Also, if you have any questions forward them to the same aforementioned email address.

All information provided is true and verified as of _____ (date provided by counselor).

Student Applicant signature _____

Parent/Guardian signature _____

Counselor's signature _____

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A COPY OF YOUR HIGH SCHOOL TRANSCRIPT ALONG WITH YOUR TOTAL COMMUNITY SERVICE HOURS MUST BE PROVIDED AND VERIFIED BY YOUR ASSIGNED COUNSELOR.

(Application must be completed in its entirety and received by **Friday, May 15, 2026**, according to **instructions on cover page**)

Name _____ Phone () _____ Email _____

Street Address _____ City, State, Zip Code _____

High School currently attending _____

Post Secondary Institution/School I plan to attend _____

I plan to major in _____ in preparation for a career in _____

Parent or Guardian's Name _____ Annual Household Income* _____
***Also include the first 2 pages of parent/guardian IRS 1040**

Number of people living at home _____

Number of siblings in college/specialized school (do not include yourself) _____

School Activities (indicate class year; FR-9, SO-10, JR-11, SR-12 and position of leadership if applicable)

Honor Roll _____

Athletics _____

Cheerleader/Pep Club _____

Band/Choral Groups _____

Yearbook/School Newspaper _____

Theatre/Debate _____

Other _____

Community – Religious – Youth Group Activities (indicate years) and position of leadership if applicable

Applicants must also submit a brief (one page essay) on who or what changed your life for the better and how you will pay it forward after graduation from college or specialized school. Also, please include any challenges you may have or have had that impact your answer to the essay question.

