

# Application Form for Selected Scholarships

## 2018-2019 Academic Year

**PLEASE NOTE: This application is to be used ONLY if you are applying for one or more of the scholarships listed below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Linda Richmnd Memorial Scholarship | <input type="checkbox"/> Alumni Scholarship from Class of 2018 |
| <input type="checkbox"/> Boy Scout Scholarship              | <input type="checkbox"/> Girl Scout Scholarship                |

These scholarships are available to students who meet certain criteria, as described below.

### General Instructions to Applicant

1. Return a typed or neatly printed application to Mrs. Patsy Swope [patsy.swope@mtcschool.org](mailto:patsy.swope@mtcschool.org) or through mail or in-person by the deadline due date. This application is the first impression you will make upon those who award scholarships.
2. Certain scholarships require additional information; please submit any forms requested

### 1. Personal Information

Full name of student: \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Present home address \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Grade entering \_\_\_\_\_

### 2. Family Information

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Street address \_\_\_\_\_ Street address \_\_\_\_\_

City,ST,Zip \_\_\_\_\_ City,ST,Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

**Name and ages of siblings/other dependents. Indicate what school(s) they attend.**

Name	Relationship	Age	School or college/years attended
------	--------------	-----	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

### 3. Education

- a. Name all schools the applicant has attended in the last five years. List the school you are presently attending first.

---

---

---

### 4. Academic, athletic, service, and extra activities. Use additional pages if necessary.

- a. List academic awards, achievements and dates.

---

---

---

---

- b. List participation in athletic activities.

---

---

---

---

- c. List participation in community service and extra-curricular activities.

---

---

---

---

### 7. Financial Need Summary

Complete this section regarding Estimated Combined Net Income of parent(s) or guardian(s) for the current year. Please attach a copy of your most recent Federal Income Tax statement to the back of this application form.

Name of person

Income and year

Total annual income

---

---

---

---

b. Have you completed the FACTS form for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your tuition. Use additional pages if necessary.

---

---

---

---

---

---

---

**8. Academic Performance: *Please attach a copy of last report card***



I do state the above information is accurate to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_