Tommy Everette Memorial Scholarship



ANSWER ALL SECTIONS. IF A SECTION DOES NOT APPLY, WRITE N/A IN THE BLANK. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED. PERMANENT ADDRESS_____ PHONE NUMBER () CELL PHONE E-MAIL NAME OF PARENTS OR GUARDIANS ADDRESS_____ INCOME: LESS THAN \$25,000_____LESS THAN \$50,000_____LESS THAN \$100,000_____MORE THAN \$100,000_____ TO WHAT COLLEGE(S) HAVE YOU APPLIED?______ HAVE YOU BEEN ACCEPTED BY A COLLEGE? _____ IF NOT, WHEN DO YOU EXPECT TO RECEIVE NOTIFICATION?_____ HAVE YOU APPLIED FOR FINANCIAL AID?_____FROM WHOM?____ ARE THERE UNUSUAL CIRCUMSTANCES THAT MERIT YOUR RECEIVING FINANCIAL AID? PLEASE EXPLAIN BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY:

STUDENT PROFILE

LIST OTHER DEPENDENTS IN FAM	ILY:		
NAME	<u>AGE</u>	SCHOOL/OCCUPATION	MARITAL STATUS
	***PLEASE	OPY OF YOUR HIGH SCHOOL TO ATTACH A CURRENT PHOTO. NG WHY YOU FEEL THAT YOU SCHOLARSHIP.	
Signature of	Parent or Guardi	an	Date
Signature of	Applicant.		Date
	er may be your ch	least one must be from your high schoice. Attach a letter of recommenda	
NAME			
NAME			

NAME_____

STUDENT PROFILE

STUDENT'S NAME
SCHOOL:
List clubs and offices held and sports or other activities you are involved in.
COMMUNITY
COMMUNITY:
List all civic activities you are involved in.
CHURCH:
List all activities you are involved in.

If additional space is needed, please continue on back.