

Project One Scholarship Fund 2018 Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Please print clearly to ensure that your application will be reviewed properly.

FOR EVALUATION USE ONLY

I.D. #	GPA	AGI	SAT	ACT

APPLICANT DATA

Last Name _____ First Name _____ Middle Name _____
 Home Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 Social Security Number _____
 Telephone _____ E-mail Address _____
 Date of Birth (MM/DD/YYYY) _____ Are you a U.S. citizen? Yes No
 Please indicate your gender and race (for statistical purposes only) Male Female
 American Indian / Alaska Native African American Multi-Racial
 Asian Hispanic / Latino Caucasian / White

EDUCATIONAL HISTORY

High School Name _____ Graduation Date (MM/YYYY) _____
 City _____ State _____ GPA _____
 List the names and locations of other high schools you have attended:
 School _____ City _____ State _____
 School _____ City _____ State _____

FINANCIAL INFORMATION

To be completed by the Guardian. Please provide copies of your income tax returns for the past **three years** – i.e., IRS Form 1040.

Marital Status: Head of Household Separated Divorced Widowed Single
 State of Residence _____
 Yearly untaxed income and benefits _____
 Social Security \$ _____
 Child Support \$ _____
 Disability \$ _____
 Other \$ _____
 Total value of liquid assets \$ _____ (excluding retirement plan funds)
 Amount saved towards your college education \$ _____
 EFC Amount from FAFSA Award Letter \$ _____

OTHER AWARDS

Please list the name and annual amount of any other grants or scholarships for which you have applied or been awarded.

Name of Grant or Scholarship	Amount	
_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Pending
_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Pending
_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Pending
_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Pending

COLLEGE PLANS

Name of the college/university you plan to attend. If you have not yet been accepted, please list in order of preference the schools to which you have applied. Please use the official school name.

1st Choice: _____ **Accepted: Yes / No**
 _____ City _____ State _____

2nd Choice: _____ **Accepted: Yes / No**
 _____ City _____ State _____

Enrollment status: Full-time Part-time

Start Date (MM/YYYY) _____ **Projected Graduation Date (MM/YYYY)** _____

Degree Sought: Bachelors Masters Doctorate Other _____

Student will: live on campus live off campus commute from home

Please provide projected costs for one academic year, including tuition, fees, books, and room/board:

\$ _____ 1st Choice

\$ _____ 2nd Choice

WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment for each job and the approximate number of hours worked each week.

Employer	Start	End	Hrs / Week	Job Description

ACTIVITIES, AWARDS, & HONORS

List all school activities in which you participated during high school. List all community activities in which you were involved during high school. Please note any special awards, honors, and offices held.

Activity	# of Yrs Involved	Awards or Honors	Offices Held

**GOALS
AND
OBJECTIVES**

Write a brief statement of your educational and career goals. Please provide your answer on a separate typed attachment.

FAMILY

Write a brief statement of how growing up in a single-parent household impacted your achievement in school or your involvement in school and community activities. Please provide your answer on a separate typed attachment.

**HIGH SCHOOL
TRANSCRIPT
AND TESTING**

A complete and official transcript of applicant's grades must be submitted with this application. This includes transcripts from high school and any post-secondary educational institutions.

High School

Applicant rank is # _____ out a class size of _____

Cumulative Grade Point Average (GPA)

_____ on a scale of _____

Please indicate your score on the following college entrance exams.

ACT	
English	
Mathematics	
Reading	
Science	
Composite	

SAT	
Critical Reading	
Mathematics	
Writing	
Composite	

School Official's Name _____ Title _____

School Official's Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail Address _____

**SIGNATURE &
CERTIFICATION**

I certify that the information provided in this application is accurate. I understand that I may be requested to provide proof of the submitted information. Falsification of information could result in the revocation of any scholarship previously approved.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
