**G.H. WEEMS EDUCATIONAL FUND SCHOLARSHIP APPLICATION FORM**

**Scholarship Awards**

**$5,000.00 Award:** Eligibility: Minimum GPA of 2.5 and minimum ACT test score of 19 upon high school graduation

 Payable in four annual installments of $1250.00 per year

*Handwritten requests for funds with proof of enrollment must be made each year as we have no way of knowing you are enrolled.*

**$300.00 Prize Drawing:** All graduating seniors enrolling in post-secondary education and submitting this application are eligible.

**Award checks will be made payable to the student and school of their choice.**

 1. Complete the application below.

 2. Attach a copy of your most recent transcript.

 3. Attach a copy of the ***first page only of your parent’s income******tax return which shows you as a dependent***.

 Please white out all social security numbers **other than your own**.

 4. Return completed application and required attachments to the school counselor no later than April 1st.

## APPLICANT INFORMATION (Please print in ink)

 1. Student (full) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City State Zip Code**

 4. Home telephone: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. Current GPA: \_\_\_\_\_\_\_\_\_

 6. Current ACT score: \_\_\_\_\_\_\_\_\_

 7. College preferences: First Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8. Intended College Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9. Are you currently employed? ( ) Yes ( ) No If yes, what is your job description? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 10. Do you plan to work during college? ( ) Yes ( ) No ( ) Full Time ( ) Part Time

 11. Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Father) (Mother)

 12. The number of siblings currently in school **(*do* *not include yourself*)**: K-8 \_\_\_\_ HS \_\_\_\_ College \_\_\_\_

 13. Please check all that apply to you: ( ) I am the first in my family to graduate from high school.

( ) I am the first in my family to go to college.

 ( ) My father attended college.

( ) My mother attended college.

 ( ) I have brothers and sisters that attended college.

14. **STUDENT ESSAY:** On a separate piece of paper, ***in your own words and handwriting***, describe in 100 words or less why you want to be a recipient of one of our Memorial Scholarships. For example, you may want to discuss your aims and educational goals, your career objectives, your ambitions in life or what your future plans include such as where you desire to practice your trade after graduation. ***Your***

 ***essay must be included to be considered for the scholarship.***

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## G. H. Weems Educational Fund Scholarship Application

 **School – Organizations and Clubs** **Honors and Awards**

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Activities** **Other Activities**

 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINANCIAL ASSISTANCE**

Please check or list the assistance programs for which you have applied or fully expect to receive. Indicate in the appropriate columns if you have been approved and the amount that you expect to receive if known. Dollar amounts should be ***per year***, not per semester.

 **Aid for which you have Applied Approved Expected Amount Unknown Amount**

 ( ) Federal Pell Grant ( ) $ ( )

 ( ) (TSAA) TN Student Assistance Award ( ) $ ( )

 ( ) TN HOPE Scholarship ( ) $ ( )

 Merit Supplement ( ) $ ( )

 Need-Based Supplement ( ) $ ( )

 ( ) College Scholarship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) $ ( )

 Name of College

 List Any Other Scholarships Applied For

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) $ ( )

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) $ ( )

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) $ ( )

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) $ ( )

**Consent for Release of Information** and **Certification of Accuracy:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_High School Senior Class desire to

 (Print your full name) (School Name)

continue my education in college and am applying for a Memorial Scholarship. I understand to be eligible for the $5,000.00 scholarship I am required to graduate high school with a minimum GPA of 2.5 and a minimum ACT test score of 19. By signing below, I hereby give my permission for my counselor to release my ACT and SAT test scores and also certify that the information given on this application is true and correct.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Applicant’s Signature) and or Parent’s Signature if needed for Release of Test Score Information (Date)

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