

The Barbara Trenchard Foundation Academic Scholarship Application

Name of Applicant: _____ Social Security No. _____

Address: _____

Telephone No. _____ E-Mail Address: _____

Date of Birth _____

Please enclose a recent photograph and your high school transcript with your application.

Academic Background and Community Service

1. Please state your rank in senior class.
2. Number of students in senior class
3. Graduation date
4. ACT score
5. SAT score
6. Please list any extra-curricular school activities, as well as community activities in which you have participated.
7. Any awards or honors received

Financial Information

1. Father
 - a. name
 - b. address
 - c. employer
 - d. position
 - e. salary

2. Mother
 - a. name
 - b. address
 - c. employer
 - d. position
 - e. salary

3. Will a non-custodial parent or other person provide financial assistance while you are in college?
 - a. name
 - b. relationship to you
 - c. explain financial assistance, including amount (e.g. if child support, amount of monthly payments)

4. Please list your brothers and sisters
 - a. names
 - b. ages
 - c. addresses
 - d. If not still living at home, are they receiving financial assistance from your parents? If so, please describe.

5. Please provide a copy of your family's most recent federal tax return.

6. Are you the first in your immediate family to go to college? If not, please list family members who have attended college, e.g. grandparents, parents, brothers and sisters.

Student Work History

1. Have you been employed? If so, please complete the following:
 - a. employer
 - b. position held
 - c. dates of employment
 - d. salary
 - e. supervisor

College Plans

1. To which colleges have you applied?
2. Have you been accepted by any college? Which one(s)
3. What fields of study interest you?
4. Have you applied for other scholarships? If so, please list.
5. Have you been awarded any other scholarships? If so, please describe, including amount and duration.
6. How do you plan to pay for your college education?
7. Please set out a basic budget of anticipated expenses and sources of anticipated income for college.

Essay Section

1. Make a list of three experiences, activities and/or honors that have meant the most to you and write a short essay explaining why.
2. Write a short one-page essay explaining your reasons for desiring to earn a college degree, including your goals after college.
3. Although not a requirement of this scholarship, would you consider contributing to The Barbara Trenchard Foundation in the future if you are financially able? Please explain.

References

1. Please attach a letter of reference from two teachers and one letter of reference from a member of the community.

Conditions of The Barbara Trenchard Foundation Scholarship Grants

1. You must provide a transcript indicating an overall GPA of 3.0 or better at the end of each semester. The transcript should be mailed to The Barbara Trenchard Foundation by the college you are attending.
2. You must return an enrollment verification form properly executed by you and the college in order to receive your scholarship money for each semester.
3. You must remain a person of high moral character. Use or possession of illegal drugs or commission of a crime involving moral turpitude are violations of this condition.
4. You must remain a full-time student at a four year college approved by The Barbara Trenchard Foundation and pass at least 12 hours each semester in order to continue to receive your scholarship grant.
5. If you fail to comply with any of the above conditions, your scholarship grant from The Barbara Trenchard Foundation will terminate.
6. Should you comply with all of the above conditions, a check in the amount of \$1,250.00 will be mailed to your college to be applied to tuition for each semester you are enrolled as a full-time student, with a 3.0 or better overall grade point average, with the grant to continue for a maximum of eight semesters (four years).

I understand and accept the above terms and conditions.

Student

Date

The Barbara Trenchard Foundation
P. O. Box 799
Kermit, Texas 79745
1-800-831-9602

VERIFICATION OF ENROLLMENT

_____ is currently enrolled in
(Name of student)

Name and Location of University

as a full-time part-time student, with a total academic program for
the _____ semester totaling _____ hours.

Registrar

Please imprint school seal.

Student

Date

This form is to be completed at the time of registration and returned to The Barbara Trenchard Foundation before payment of grant can be made.