The Roosevelt-Wilson | Washington Irving | Kelly Miller | Robert C. Byrd Alumni & Friends Foundation, Inc.

SCHOLARSHIP APPLICATION

LAST NAME	FIRST NAME		MIDDLE INITIAL			
STREET	CITY	STATE	ZIP			
DATE OF BIRTH						
FATHER/GUARDIAN NAME						
ADDRESS						
OCCUPATION	EMPLOYE	R				
MOTHER/GUARDIAN NAME _						
ADDRESS						
OCCUPATION	EMPLOYE	.R				
WHAT PERCENTAGE OF YOUR CO	LLEGE EXPENSES WILL YOUR	PARENTS PAY? _				
WHAT PERCENTAGE OF YOUR CO	LLEGE EXPENSES ARE YOU RI	ESPONSIBLE FOR? _				
LIST ANY EMPLOYMENT	NUM	NUMBER OF HOURS PER WEEK				
COLLEGE/TECHNICAL SCHOOL PI	REFERENCES INTENDEI	O MAJOR HAVE	YOU BEEN ACCEPTED			
1 ST PREFERENCE						
2 nd PREFERENCE						
3 RD PREFERENCE						
GRADE POINT AVERAGE	RANK IN CLASS	NUMBEI	R IN CLASS			
ACT COMPOSITE SCORE	SA	T SCORE				

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0	
1	
2	
BY A TEACHER, YOUR GRADE TE	SE INCLUDE ONE LETTER OF RECOMMENDAT RANSCRIPT, A WALLET-SIZED PHOTO, AND A SAY IN WHICH YOU EXPLAIN THE INFLUENCE CES ON YOUR CAREER/LIFE GOALS AND WHY
	LARSHIP (include any special family or financial
ARE DESERVING OF THIS SCHOL	