

THE DAVID TIMMONS MEMORIAL, INC.
SCHOLARSHIP APPLICATION
HIGH SCHOOL SENIORS ONLY

NAME _____

ADDRESS _____

PHONE # _____ SOC. SEC. NO. _____

DATE OF BIRTH _____

FATHER _____ MOTHER _____

SOC. SEC. NO. _____ SOC. SEC. NO. _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

ANNUAL INCOME _____ ANNUAL INCOME _____

LIST ANY CIRCUMSTANCES THAT MAY PLACE EXTRA HARDSHIPS ON THE FAMILY: _____

LIST NAMES AND AGES OF ANY MINORS WHO LIVE IN THE IMMEDIATE HOUSEHOLD:

1) _____ AGE _____

2) _____ AGE _____

3) _____ AGE _____

ATTACH SHEET TO FORM IF ADDITIONAL SPACE IS NEEDED.

COLLEGE YOU WISH TO ATTEND _____

HAVE YOU BEEN ACCEPTED (CIRCLE ONE) YES NO

LIST INTENDED MAJOR _____

EXPECTED DATE OF COLLEGE GRADUATION _____

ATTACH A TYPEWRITTEN STATEMENT OF 500 WORDS OR LESS DESCRIBING WHY YOU HAVE CHOSEN TO MAJOR IN ONE OF THE FOLLOWING RELATED FIELDS: DRAFTING, SURVEYING, ARCHITECTURE OR CIVIL ENGINEERING AND WHAT YOUR INTENTIONS WILL BE UPON GRADUATION FROM COLLEGE.

LIST THREE PERSONS, OTHER THAN FAMILY MEMBERS, WHO CAN ATTEST TO YOUR WORK HABITS, DEDICATION AND DESIRE TO SUCCEED

- 1) _____ ADDRESS _____
- 2) _____ ADDRESS _____
- 3) _____ ADDRESS _____

YOU WILL NEED THE FOLLOWING INFORMATION TO INCLUDE WITH YOUR APPLICATION TO BE CONSIDERED:

- 1) COPY OF YOUR HIGH SCHOOL TRANSCRIPT TO INCLUDE:
 - a. LIST OF COURSES TAKEN AND GRADES RECEIVED
 - b. ATTENDANCE RECORD
 - c. LIST OF EXTRA-CURRICULAR ACTIVITITES
 - d. SAT, ACT OR OTHER TEST SCORES THAT AFFECT ENTRANCE INTO COLLEGE
- 2) NO MORE THAN THREE LETTERS OF REFERENCE FROM CIVIC LEADERS, HEADS OF VOLUNTEER ORGANIZATIONS IN WHICH THE APPLICANT IS ACTIVE, HIGH SCHOOL TEACHERS, GUIDANCE COUNSELORS OR ADMINISTRATORS ATTESTING TO YOUR WORTHINESS OF THE SCHOLARSHIP.

ALL INFORMATION IN THIS APPLICATON IS TRUE TO THE BEST OF MY KNOWLEDGE AND IS SUBMITTED IN GOOD FAITH TO THE BOARD OF DIRECTORS OF THE DAVID TIMMONS MEMORIAL, INC. IN ANTICIPATION OF RECEIVING AN AWARD TO ASSIST ME IN OBTAINING A COLLEGE EDUCATION. I UNDERSTAND THAT IF I RECEIVE SAID AWARD THAT I MUST NOTIFY THE BOARD AT LEAST ONCE A YEAR THAT I AM DOING WELL, GOING TO COLLEGE FULL TIME AND THAT I AM FULFILLING THEIR TRUST IN ME.

SIGNATURE _____ DATE _____

THE DAVID TIMMONS MEMORIAL SCHOLARSHIP IS OPEN TO ALL STUDENTS IN WICOMICO AND WORCESTER COUNTIES WITHOUT REGARD TO RACE, RELIGION, CREED OR COUNRTY OF NATIONAL ORIGIN.

DEADLINE FOR APPLICATION IS FEBRUARY 1. PLEASE RETURN COMPLETED APPLICATION AND RELATED MATERIALS TO:

THE DAVID TIMMONS MEMORIAL, INC.
P.O. BOX 759
FRUITLAND, MD 21826