

Alworth Memorial Fund Application

Sample, Form

PERSONAL INFORMATION

Student: Sample, Form

Mailing Address:

City/State/Zip: ,

E-mail Address:

Date of Birth: US Citizen

Curent Age:

koth@chartermi.net

Gender:

Phone (Cell):

Phone (Home):

Facebook

Twitter

Instagram

Parent/Guardian:

Mailing Address:

City/State/Zip:

Occupation:

Phone:

Deceased

County:

High School:

Grad Date:

Parent/Guardian:

Mailing Address:

City/State/Zip:

Occupation:

Phone:

Deceased

of Siblings 1 - 10:

of Siblings 10 - 18:

of Siblings 18 - 30+:

Attending Higher Ed:

COLLEGE/UNIVERSITY

First Choice:

City/State: ,

Intended Major Field of Study

First Choice:

Years Needed:

Second Choice:

City/State: ,

Second Choice:

Years Needed:

GPA and Test Scores

Cumulative GPA:

Class Rank:

Number in Class:

ACT Test Scores

Composite: Reading:

English: Science:

Math: ACT Date:

Plan to Retake ACT: Yes No

ACT Retake When:

ACT Verified Date:

COLLEGE CREDIT

City/State:

Cumulative GPA:

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HIGH SCHOOL CREDITS

	<u>Regular</u>	<u>Honors</u>	<u>CIS/CITS</u>	<u>AP</u>	<u>PSEO</u>	<u>IB</u>
English:	0.00	0.00	0.00	0.00	0.00	0.00
Literature:	0.00	0.00	0.00	0.00	0.00	0.00
Composition	0.00	0.00	0.00	0.00	0.00	0.00
Other English 1	0.00	0.00	0.00	0.00	0.00	0.00
Other English 2	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>						
Americah Hist:	0.00	0.00	0.00	0.00	0.00	0.00
World History:	0.00	0.00	0.00	0.00	0.00	0.00
American Govt:	0.00	0.00	0.00	0.00	0.00	0.00
Economics:	0.00	0.00	0.00	0.00	0.00	0.00
Civics:	0.00	0.00	0.00	0.00	0.00	0.00
Other History 1	0.00	0.00	0.00	0.00	0.00	0.00
Other History 2	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>						
French:	0.00	0.00	0.00	0.00	0.00	0.00
German:	0.00	0.00	0.00	0.00	0.00	0.00
Spanish:	0.00	0.00	0.00	0.00	0.00	0.00
Chinese:	0.00	0.00	0.00	0.00	0.00	0.00
Other Language 1	0.00	0.00	0.00	0.00	0.00	0.00
Other Language 2	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>						
Algebra I:	0.00	0.00	0.00	0.00	0.00	0.00
Algebra II:	0.00	0.00	0.00	0.00	0.00	0.00
Algebra III:	0.00	0.00	0.00	0.00	0.00	0.00
Geometry:	0.00	0.00	0.00	0.00	0.00	0.00
Trigonometry:	0.00	0.00	0.00	0.00	0.00	0.00
Calculus:	0.00	0.00	0.00	0.00	0.00	0.00
Calculus II:	0.00	0.00	0.00	0.00	0.00	0.00
Statistics:	0.00	0.00	0.00	0.00	0.00	0.00
Other Math 1	0.00	0.00	0.00	0.00	0.00	0.00
Other Math 2	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>						
Computer Science:	0.00	0.00	0.00	0.00	0.00	0.00
Biology:	0.00	0.00	0.00	0.00	0.00	0.00
Physics:	0.00	0.00	0.00	0.00	0.00	0.00
Chemistry:	0.00	0.00	0.00	0.00	0.00	0.00
Anatomy/Physiology:	0.00	0.00	0.00	0.00	0.00	0.00
Zoology:	0.00	0.00	0.00	0.00	0.00	0.00
Other Science 1	0.00	0.00	0.00	0.00	0.00	0.00
Other Science 2	0.00	0.00	0.00	0.00	0.00	0.00

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FINANCIAL

EXPENSES for One Year of College

Tuition and Fees:

Room and Board:

Transportation:

Books and Supplies:

Incidentals

Total Expenses:

Budgeted School:

RESOURCES

from Savings/Investments:

from Parents or Estate:

from Part-time work:

from Tuition Grants/Incentives:

from Other Scholarships:

Total Resources

Needed to
balance budget:

Employment History

Employer:

Dates:

Type of Work:

Hours per Week:

Employer:

Dates:

Type of Work:

Hours per Week:

IRS Income Tax

I live with Step Parent? No

INCOME

A G I

Taxable

I live with Single Parent? No

Parents:

If your parents do not file with the IRS, please explain:

IRS Form 1040 will be submitted by:

- E-mail 4506-T Received
 Mail
 Fax

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ACTIVITIES

	9	10	11	12	Leadership Role	Letter
Nat'l Honor Society:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Math Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Robotics Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Knowledge Bowl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Debate/Speech Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Peer Helper/Tutor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

School Newspaper :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Yearbook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Key Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Diversity Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mock Trial:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Green Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Student Council:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Class Officer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
LINK Crew:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Junior Rotarian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Band / Ensemble:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Choir / Ensemble:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Drama / Musical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Activities 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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VARSITY SPORTS	9	10	11	12	Leadership Role	Letter
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Sports 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Sports 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMUNITY	9	10	11	12	Leadership Role
Theatre / Music:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boy / Girl Scouts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 H:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Church Youth Group:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Community 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Community 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Community 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AWARDS / HONORS

Awarding Organization	Honor	Date (month/year)

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Tell us about a challenge that you experienced towards reaching a goal. Whether you achieved your goal or not (fell short) what did you learn from this experience? (350 words or less)

Tell us what interests you about your chosen field of study. (200 words or less)

Where do you see yourself in ten years? (200 words or less)

What else would you like to share? (200 words or less)

Recommendation: I personally asked a Math or Science teacher for a Letter of Recommendation

Full Name

Subject Taught/ Title

E-Mail Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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How did you learn about the Alworth Memorial Fund Scholars

- Counselor Poster Parent / Family Member Social Media
 Teacher Flyer Alworth Representative STEM Talks with Professor Alworth
 Website Friend Newspaper / Printed Media Other

Signature and Submission

- I have informed my High School Counselors office If awarded I grant permission to use my name
 Information submitted constitutes my Application If awarded I must decline any local 4 year renewable scholarships
 Checked box constitutes my Signature If Awarded I must submit 4506-T.

We award scholarships to anyone who qualifies regardless of protected class.