

Academic Trust Fund Scholarship

Applicant's Name: _____

Applicant's Address: Street _____

City _____

Telephone _____

Parent's Names: Father _____

Mother _____

What college/university do you plan to attend:

1. _____

2. _____

FAMILY INCOME

Less than \$15,000

\$15,000 - \$25,000

More than \$50,000

\$25,000 - \$35,000

\$35,000 - \$50,000

(Winner may be asked to verify with appropriate tax forms)

CLASS RANK _____/_____

A.C.T. COMPOSITE _____

In a paragraph, please state why you think you deserve this scholarship. Please be as specific as you can. Explain your career choice and college plans.

APPLICANT'S SIGNATURE _____ Date _____