



Revised (1/26/99)
Second Revision (3/17/02)

WILLIAM LOFTIN MEMORIAL SCHOLARSHIP AWARD
2009 APPLICATION FOR SCHOLARSHIP COVER SHEET

DATE _____

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER () _____

SOCIAL SECURITY NUMBER _____

NAME OF CURRENT EDUCATIONAL INSTITUTION _____

PARENT'S (GUARDIAN'S) NAME(s) _____

INSTITUTION OF HIGHER LEARNING YOU PLAN TO ATTEND _____

ADDRESS _____

COLLEGE ENTRANCE EXAMINATION SCORE (IF APPLICABLE)
"ACT" COMPOSITE SCORE _____ **OR**
"SAT" COMBINED SCORE _____