



WILLIAM LOFTIN MEMORIAL SCHOLARSHIP AWARD

APPLICATION FOR SCHOLARSHIP

Year: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Parent/Guardian Name(s): _____

Address (if different): _____

Name of High School Institution: _____

Grade Point Average (GPA): _____ Graduation Year: _____

ACT Composite Score: _____ OR SAT Combined Score: _____

Institution of Higher Learning You Plan to (or currently) Attend:

Address: _____

City: _____ State: _____ Zip: _____

1. Please list the civic, school, and community activities in which you have been involved, including the length of time you participated in each activity.
2. Please list any honors and awards you have received.
3. In 250 words or less, please describe, in your own words, why you want to be a recipient of the WILLIAM LOFTIN MEMORIAL SCHOLARSHIP AWARD, the course of study or major field of interest and goals you plan to follow; your proposed occupation or profession, or any other abilities you have that are not previously addressed in this application.
4. Please attach and official transcript and 2 letters of reference.

Please read the following statement and sign below before submitting your application for review:

I have read and understand the “*Scholarship Information and Requirements*” document. I acknowledge that my application will not be accepted if it is incomplete or postmarked after **November 1st** of the application year. I understand that if I am not selected as this year’s scholarship recipient I may reapply as long as I meet the eligibility requirements.

Signature of Applicant: _____

Number of Attachments with this Application: _____