

Application for the Freddie Powell, Jr. Memorial Scholarship Fund

Applicant Information

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| Print: Name of Applicant: _____ Please circle gender: Male or Female | Office use only: Date Received: |
| Permanent Street Mailing Address: | Email: |
| City: _____ State: _____ Zip: _____ | Ethnicity: |
| Phone #1: | Phone #2 |
| Print Parent/Guardian Name:(if under the age of 18 years) | Date of Birth: month/date/year |
| Parent/Guardian Street Address: | |
| Parent/Guardian: City: _____ State: _____ Zip: _____ | Parent/Guardian Email: |

High School Information

| | |
|---|---------------------------------------|
| Name of Current High School: | Phone #: |
| Street Address: _____ City: _____ State: _____ Zip: _____ | |
| Principal's Name (Print): _____ | School Counselor's Name (Print) _____ |
| Student's GPA: _____ | College Major: _____ |
| Official transcript must be included in a sealed school envelope | |

Post Secondary Institution Information

| | |
|---|----------|
| Name of Institution/School: | Phone #: |
| Street Address: _____ City: _____ State: _____ Zip: _____ | |
| Major: _____ Minor: _____ | |

(Continue on the back page)

Signatures:

By signing below I agree that the information provided in this application is accurate to the best of my knowledge. I understand that falsification of any portion of this application will terminate my qualification for consideration and receipt of the scholarship. I also agree to repay all funds sent to the school on my behalf.

I further agree to serve a 40-hour internship over a six-month period with Union Baptist Church Media Ministry, to be scheduled upon acceptance of scholarship. Scholarship funds will be disbursed in two payments: half on date of announcement, half after internship has been successfully completed.

Signature of applicant: _____

Date: _____

Signature of Parent: _____
(if under the age of 18 years)

Date: _____