

## Application for the Freddie Powell, Jr. Memorial Scholarship Fund

### Applicant Information

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: _____
<b>Official transcript must be included in a sealed school envelope</b>	

### Post Secondary Institution Information

Name of Current Institution School:	Phone #:
Street Address: _____ City: _____ State: _____ Zip: _____	
Student's GPA: _____	Major: _____
<b>Official transcript must be included in a sealed school envelope</b>	

**(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.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under the age of 18 years)