

**SHEILA KNIGHT SAMMONS
MEMORIAL SCHOLARSHIP**

FIGHTING INDIANS BAND BOOSTERS, INC

Collegiate Scholarship Application
(Confidential)

Name _____
(Last) (First) (Middle)

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Social Security Number _____ Date of Birth _____

What college or university will you attend? _____

Proposed major _____ Have you been admitted? _____

To what other colleges or universities have you applied? _____

For other scholarships have you applied? _____

To your knowledge as of this date, have you received any scholarships or grants?
____ Yes ____ No If yes, list all that you are aware of and the amount _____

List any jobs or work that you have done for pay _____

How was the money from these jobs spent? _____

Have you saved any money for college expenses? ___ Yes ___ No

Do you plan to work this summer? ___ Yes ___ No If yes, how much do you think you may earn? _____

Are you employed now? ___ Yes ___ No If yes, how many hours per week? _____

Place of Employment _____

Cumulative Grade Point Average (9th grade to present) and un-weighted _____

Class Rank: _____ in a class of _____

SAT Verbal Score _____ SAT Math Score _____ SAT Total Score _____

ACT Composite Score _____

Anticipated College Expenses for the coming year...

Tuition _____ Housing _____ Food _____ Books _____

Do you reside in: ___ two parent home ___ single parent home

Father's Name and Age _____

Mother's Name and Age _____

Number of dependent children in the home: _____

Number of dependent children in college: _____

Annual gross family income (before taxes) **STRICTLY CONFIDENTIAL!**

Father \$ _____ Mother \$ _____

Position: _____ Position: _____

Employer: _____ Employer: _____

Applicant \$ _____

Position: _____

Employer: _____

Colleges or Universities Attended by other children in the family _____

College Cost for other children in the family: _____

Amount and type of aid (if any) the receive _____

I certify and attest that all information contained in this application is correct to the best of my knowledge as of this date. I understand that failure to provide accurate information will nullify this application.

Student Signature Date

I have read this application to the best of my knowledge certify and attest that all information is correct as of this date. I understand that failure to provide accurate information will nullify this application.

Parent Signature Date

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public
State of Florida

My Commission expires: _____