

Due to guidance: March 27

County Trustee "Key to Success" Scholarship

I hereby apply for a scholarship from the County Trustee "Key to Success" Scholarship Fund for the academic year beginning _____, and ending _____.

I plan to enroll at _____ (university, college, vocational school.) I plan to pursue a course of study leading to a _____ degree in _____ (subject area.)

I promise that I will inform the "Key to Success" Committee immediately if I decide to attend an institution other than as indicated above. If I receive other loans or scholarships after the submission of this application that is not listed below on the application form, I promise to inform the Scholarship Committee immediately. I understand that any scholarship aid granted by this Committee will be for the single academic year shown above only. The information that I have set below is true to the best of my knowledge, and I understand that an intentional misstatement may disqualify me for further aid from this Committee.

Date

Signature of Applicant

Last 4 Digits of SSN

Grundy County High School Attendance: 9th ___ 10th ___ 11th ___ 12th ___ Total Days _____

REQUIREMENTS: Applicants for the "Keys to Success" Scholarship must:

1. Complete the attached application.
2. Attach a copy of your high school transcript, including ACT or SAT scores. (if applying to a two or four-year college)
3. Attach a copy of only the first page of your resume.
4. Include one School Recommendation form from one of your teachers.
5. Complete the financial statement included in the application. Please enclose this in a SEALED ENVELOPE AND ATTACH to your application.
6. Prepare and attach to your application a single-page statement of your purposes for attending college and any special circumstances the Committee might need to know. (Typed or typed)
7. Attach a small photograph or clear snapshot of yourself to the upper left-hand corner of the application. (If you have a photograph attached to your resume, this is sufficient.)
8. Return this signed application form and the items listed above to:
The Counseling Office on or before the deadline.

COUNTY TRUSTEE "KEY TO SUCCESS" SCHOLARSHIP APPLICATION

Please print or type your answers in the spaces provided. If more space is needed, please use a separate sheet of paper and attach it to this application.

1. Name: _____
First _____ Middle/Maiden _____ Last _____
2. Present Address: _____
Telephone Number: _____ Home email address: _____
3. Date of Birth: _____ Phone Number: _____
4. Physical Disabilities: _____
5. Name of Parent(s) or Guardian(s): _____
6. Parent(s)/Guardian(s) Address: _____
7. Father's or Male Guardian's Employer: _____ Occupation: _____
8. Mother's or Female Guardian's Employer: _____ Occupation: _____
9. Number of persons (including self) dependent upon your parents(s) or guardian for Support: _____ Names, ages, and relationship _____

10. How many are in school? _____ College? _____
11. Have you applied for and/or received any other scholarships, financial aid or loans?
____ Yes ____ No List places applied and amounts already awarded if the Yes block was checked.

Amount guaranteed from Tennessee Hope Lottery Scholarship: \$ _____
12. How do you plan to pay for any expenses not covered by scholarship funds? Please show commitments made to or by you for part-time and summer employment.

13. During college do you plan to live: _____ at home, _____ in dormitory, or _____ off campus?
Anticipated total living cost for one year \$ _____ (include total living expenses, food, rent, utilities, etc.); total anticipated college costs (tuition, books, etc.);
For one year: _____ total yearly costs: _____
14. What are your present plans after you have completed college? _____

County Trustee "Key to Success" Scholarship

Financial Statement

An application for scholarship assistance from the County Trustee "Key to Success" Scholarship fund must be supported by a financial statement from both the applicant and the applicant's parents or guardians. The figures should include the applicant and both parents income, assets and liabilities, or spouse, if applicant is married.

If the applicants parents are divorced, this statement should be filed by the parent charged with the duty of support. If both parents are deceased or not supporting the applicant, this statement should be filed by the applicants guardian or other person from whom principal support is received. Other situations should be explained in detail on a separate sheet of paper if necessary.

Please place this statement in a sealed envelope and attach it to the application form.

INFORMATION PROVIDED HEREIN IS FOR THE SOLE USE OF THE COUNTY TRUSTEE "KEY TO SUCCESS" SCHOLARSHIP FUND SELECTION COMMITTEE, AND WILL BE CONFIDENTIAL

	Guardian(s) Parent/Spouse	Student
1. Number of persons Supported by the signers, (Also include applicant and Spouse if married.)	_____	_____
2. Total income for prior year:		
A. Father's gross income _____ Mother's gross income _____ And commissions, dividends, interest, Capital gains, etc.)	_____	_____
B. Nontaxable income (Social Security, AFDC, Veteran and welfare benefits, gifts, Inheritances, etc.)	_____	_____
3. Extraordinary expenses for prior year (Include support of dependent, parent, special child care, medical expenses, etc.) Please specify the nature of the expenses:	_____	_____
4. Assets:		
A. Home (Value) Less mortgage of	_____	_____
B. Other real estate	_____ (-)	_____
Less mortgage of	_____ (-)	_____
C. Stocks/Bonds (Market Value)	_____ (-)	_____
D. Cash, savings, checking accounts And certificate of deposits.	_____	_____
E. Business of Farm, if owned Less mortgage of	_____ (-)	_____
F. Other assets Please specify _____	_____	_____
5. Other Liabilities	_____	_____
_____	_____	_____
Male Parent/Guardian/Spouse Signature	_____	Student Signature
_____	_____	_____
Female Parent/Guardian/Spouse Signature	_____	Date of Signature: _____