

## **S.R. Pritchett Scholarship**

1. The applicant named below has received a copy of the S. R. Pritchett Scholarship Rules, has read these rules and understands his/her obligations and responsibilities.
  
2. The applicant understands that it is her/his responsibility to submit an application form for the scholarship annually by April 15th so the scholarship committee knows of her/his plans. Failure to submit the application will result in forfeiture of the scholarship.
  
3. The applicant understands that if she/he fails to use the scholarship in the semester or quarter following receipt or interrupt her/his schooling for other than medical or military service reasons, she/he may forfeit the scholarship unless application for postponement is approved by the selection committee.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**SCOTT PRITCHETT  
SCHOLARSHIP APPLICATION FORM**

**DEADLINE FOR SUBMISSION: APRIL 15**

**1<sup>ST</sup> APPLICATION**  
 **RENEWAL**

**DIRECTIONS:**

- 1. ALL APPLICATIONS MUST BE TYPE-WRITTEN, NO EXCEPTIONS**
2. Attach a transcript to this application before submitting.
3. NOTE: This application may be rejected if it is not legible or if it contains spelling and/or grammar errors.

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Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Birthplace \_\_\_\_\_ Marital Status \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Applicant's Physical Address \_\_\_\_\_

Applicant's Cell # \_\_\_\_\_ Applicant's e-mail Address \_\_\_\_\_

Applicant's Ph # \_\_\_\_\_ Parents' Ph # \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Physical Address \_\_\_\_\_

Father's Mailing Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Physical Address \_\_\_\_\_

Mother's Mailing Address \_\_\_\_\_

How long in attendance at Los Molinos High School? \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Extracurricular activities (CSF, Class Offices, Block LM, FFA, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Community Activities (Church, 4-H, Scouts, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Give a short biography, your plans for the future and indicate how this scholarship will help you meet your goals: (Please attach a separate sheet if necessary.)

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What institution do you plan to attend? \_\_\_\_\_

Address of financial aid office at institution (the scholarship check will be sent to this address) \_\_\_\_\_

Date of proposed entrance: \_\_\_\_\_

What is the vocational career or major field of study for which you are preparing?

How long will it take to complete your course of study? \_\_\_\_\_

At completion of course, what degree will you receive? \_\_\_\_\_

What prompted your interest in this career? \_\_\_\_\_

Have you ever been, or do you expect to be the beneficiary of a scholarship or other award(s)?

YES                      NO                      If yes, give name(s) and amount(s):

NAME

AMOUNT

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Have you applied for financial aid for the upcoming school year?      YES                      NO

Will you work while attending school? \_\_\_\_\_

For what portion of your expenses? \_\_\_\_\_

Budget for full academic year of \_\_\_\_\_                      How many months? \_\_\_\_\_

Tuition and Fees (full academic year not monthly).....\$ \_\_\_\_\_

Books and Supplies.....\$ \_\_\_\_\_

Room and Board.....\$ \_\_\_\_\_

I plan to live: In dorm                      Off campus                      At home

Travel.....\$ \_\_\_\_\_

Basic living expenses.....\$ \_\_\_\_\_

**TOTAL COSTS.....\$ \_\_\_\_\_**

I have read the scholarship rules and understand the commitments and obligations I must take upon myself.

Signed\_\_\_\_\_

Date\_\_\_\_\_

**(An applicant may submit letters of recommendation to supply information about his/her character, ability, and financial needs or unusual circumstances. Such letters are optional, but must be attached to this form)**