## **Arbaugh Legacy Foundation**

## **Scholarship Application**

	Please type or print your answers clearly:						
1.	Last Name:	First Name:					
2.	Email Address:						
3.	Mailing Address:						
	Street:						
	City: State	: Zip:					
4.	Daytime Phone Number:	Cell Number:					
5.	Date of Birth (MMDDYYYY):						
6.	I certify that I am a United States Citizen or a permanent resident of the United States of America:						
	YES NO						
7.	Current secondary school I am enrolled in (if applicable) or attended if not						
	currently enrolled:						
	Anticipated Graduation date:						
	High-School Graduation date or GED Date						
	Post-secondary school currently attending (if applicable) or attended if not currently enrolled:						
	Date of last school attended:						
8.	, ,	Fall (Year) and Spring					
	(Year).						
	School Name:						
	School Address:						
	Proof of acceptance or current student enrollment from the above school is required prior to						
	receipt of funds. If applying for scholarship for 2 ser	mesters, applicant must attend the same					
	institution for 2 consecutive semesters in order to be eligible for the scholarship. Funds will						
9.	be distributed directly to your campus and are non-transferrable once distributed.						
9.	Why did you choose this school? (keep it simple). Is your top choice Accredited? If so by what organization.						
	Accredited: If 50 by what organization.						
10.	Grade Point Average (GPA) on a 4.0 Scale	e:					
	Attach proof of GPA. Your most recent unofficial or						
11.	What is your planned major/degree?						
12.	Are you a first generation college student?						
13.	List your community service activities, volunteering, hobbies, outside						
	interests, awards and/or extra-curricular ac	nd/or extra-curricular activities.					
	Personal Essay:						
14.							
	Please answer the following question:  How will this educational opportunity contribute to your future success?						
	Success?						

	Submit your response in the Personal Essay on the last sheet provided with this application (800 Words Maximum).						
15.	The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Your application will not be accepted if these items are not completed (No Exceptions).						
	Email application with these items attached to						
	nancy@arbaughlegacyfoundation.org and include "SCHOLARSHIP						
	APPLICATION: <your name=""> <scholarship date=""> in the subject line</scholarship></your>						
	Check Yes or No to be sure you have attached the required items.						
	YES	NO	Completed, signed application form (this form)				
	YES	NO	Two (2) character reference letters including contact information for references (PDF format).				
	YES	NO	Letter of Application – stating your intent to apply (1 page maximum, PDF format)				
	YES	NO	A copy of your most recent transcript with cumulative Grade Point Average, proof of High School Diploma, or proof of GED.				
	YES	NO	Personal Essay  How will this educational opportunity contribute to your future success? (800 Words Maximum, PDF format)				

## STATEMENT OF ACCURACY:

I hearby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote this scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the identified educational institution before my funds can be awarded.

Signature of scholarship applicant:

Date:

(Scroll Down - Personal Essay on Last Page)