

**Billy’s Legacy Foundation Scholarship Application**

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| Please **type** or **print** your answers. If application is illegible it will not be considered. | | | | | |
| 1. | Last Name: | | | | First Name: |
| 2. | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | |
| 3. | Daytime Telephone Number: ( ) | | | | |
| 4. | Date of Birth: Month Day Year | | | | |
| 5. | High School presently attending: | | | | |
| 6. | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA. Your most recent **official** school transcript required. | | | | |
| 7. | Anticipated graduation date: | | | | |
| 8. | I will be attending the following school in the Fall of ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_  Name:  |Address:  City/State/Zip  Financial Contact Name:  Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds | | | | |
| 9. | What specialty/major do you plan to pursue? | | | | |
| 10. | How many hours of credit will you be taking per semester? \_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | |
| 11. | Estimated date of college/trade/vocational school graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 12. | Name & address of parent(s) or legal guardian(s):  Name:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number of parents or legal guardian: | | | | |
|  |  | | | | |
| 13. | List expenses you expect to incur per semester or quarter: . | | | | |
|  | A. | | | Tuition: | |
| B. | | | Books: | |
| C. | | | Room & Board: | |
| D. | | | Other expenses: (Describe below under comments) | |
| Comments: | | | | | |
|  | | | | | |
| 14. | | List other financial assistance you will receive per semester or quarter: | | | |
|  | | A. | Personal: | | |
| B. | Other Scholarship(s):  **(**Describe below under comments) | | |
| C. | Grants: | | |
| C. | Student Loan(s): | | |
| D. | Other Financial Resources: | | |
| Comments: | | | | | |

**Use an additional sheet if you need more room to list financial information requested in items 15,16**

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| 15. | What are your educational and professional goals and objectives? (Attach if preferred) |

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| --- | --- |
| 16. | List any academic honors, awards and memberships (Attach if preferred) |

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| --- | --- |
| 17. | List your community service activities, athletics, hobbies, outside interests, and extracurricular activities: (Attach if preferred) |

18. Personal Essay

On a separate attachment, please explain how you have overcome adversity and what impact did this experience have on the life choices you have made and your plans for the future?

19. If you received the scholarship, would you be willing to speak and/or write something for our website on how we have helped you in your plight for success?

Yes No Maybe

|  |  |
| --- | --- |
| 20. | We are always interested in hearing about how you heard about Billy’s Legacy Foundation; please let us know how you heard about us. |
| 21. | The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered. |
|  | **Two reference letters.** Return these completed documents in a sealed envelope One letter must be from a teacher and one must be from an adult leader in an athletic program, community project or volunteer program you have participated in. |
| **Most recent official high school transcript**. |
| **Essay** |

### STATEMENT OF ACCURACY

I hereby 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 the scholarship program.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### REMEMBER

#### Please return all required materials to:

Billy’s Legacy Foundation-Scholarships/Grants

P.O. Box 32

Exton, PA 19341

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