

*Tom Timms Memorial Scholarship*  
**APPLICATION**

NAME \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

PARENTS' OR GUARDIANS' NAMES \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

NUMBER OF CHILDREN LIVING AT HOME \_\_\_\_\_

NUMBER OF CHILDREN IN COLLEGE \_\_\_\_\_

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A  
FOUR-YEAR EDUCATION? YES  NO

IF YES, PLEASE EXPLAIN WHY \_\_\_\_\_

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

NAME AND TELEPHONE NUMBER OF THREE REFERENCES:

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

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED \_\_\_\_\_

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

HIGH SCHOOL GRADE POINT AVERAGE \_\_\_\_\_ ACT SCORE \_\_\_\_\_

CLASS RANK \_\_\_\_\_ SAT SCORE\* \_\_\_\_\_

\*IF AVAILABLE

