

Sallie Eaton Benevolence Foundation, Inc

SCHOLARSHIP APPLICATION

Please print or type all information

The application and supporting documentation must be postmarked on or before April 19, 2019.

An incomplete application will not be considered.

Name _____

Address _____ Telephone () _____

City _____ State _____ Zip-code _____

Date of Birth _____ Age _____ Sex _____

Section I. Scholarship

High School _____

School Address _____

City _____ State _____ Zip code _____

High School G.P.A.* _____

*official transcript must be attached to the application.

S.A.T. Score _____

College you plan to attend _____

City _____ State _____ Zip code _____

Anticipated Major _____

Section II. FINANCIAL STATUS

Mother's Name _____ Single Parent? _____

Father's Name _____ Single Parent? _____

Mother's Occupation _____ Father's Occupation _____

Guardian's Name _____

Guardian's Occupation _____

Number of minors living in your household _____

Number of dependents in your household _____

Number of brothers/sisters in college _____

Did you complete the Free Application for Federal Student Aid (FAFSA)*? _____

*First page only of FAFSA required. This information is requested solely for the purpose of determining need and will be kept confidential.

Total cost of college per year _____

List any scholarship or financial aid for which you have applied _____

Section III. Extra-Curricular activities (SCHOOL/NON-SCHOOL)

List all extra-school, church or civic activities, (community service) honors and awards received during the four years (Grades 9 through 12). Be sure to indicate offices held.

Section IV. Briefly explain why you have applied for this scholarship, and state your goals and aspirations. Also, tell why going to college is important to you and what contributions you will make to your community. (Please type and use a separate sheet of paper).

I HEREBY CERTIFY THAT INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND INFORMATION.

SIGNED THIS _____ DAY OF _____ 20_____.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT _____

PLEASE ATTACH:

- 1. Letter of acceptance from an institution of higher learning.**
- 2. Two (2) letters of recommendation from teachers, the principal, counselors, pastors, and/or youth counselors (One letter must come from school).**
- 3. A sealed official transcript of your high school record with S.A.T score.**
- 4. First page only of the Free Application for Federal Student Aid (FAFSA)**

All Materials Must Be Postmarked By April 19, 2019. All Information Will Be Held In Confidence.

**Please send information to:
Sallie Eaton Benevolence Foundation, Inc.
P.O. Box 7658
Largo, MD 20792-7658**