
2007 Application Form: Cecil E. Tate Scholarships

(Please print or type. Attach to this application a transcript of your grades and documentation of attendance.)

PERSONAL INFORMATION

Applicant's Name: _____ SSN: _____

Date of Birth: _____ E-mail: _____

Home Address: _____

City, State, Zip _____

Home Telephone: _____

HIGH SCHOOL INFORMATION

Are you currently a high school senior? _____

If yes, name of high school/program _____

Anticipated date of graduation _____

High school curriculum or area of concentration _____

Are you currently enrolled in a special education program? _____ Type of program/service: _____

If yes, what is your area of disability or exceptionality: _____

COLLEGE AND ACADEMIC AID

College/Program you are planning to attend next year _____

Reason why you selected this college/program _____

What college major will you pursue? _____

Will you be receiving any other form of scholarship aid this academic year? _____

List the name of each scholarship: _____ List the amount of each scholarship: _____

ACADEMIC:

Grade Point Average/Points _____

Class Rank / Percent / Points _____

SAT/ACT Score/Points _____

FINANCIAL:

Family Size: _____ # Dependents: _____

Dependents in College: _____

Total Effective Income: _____

