

## ALMA L. MAYFIELD SCHOLARSHIP APPLICATION

**Deadline:** Postmarked no later than May 31, 2010

**Notification:** Applicant will initially be notified by email September 1, 2010. Proof of enrollment must be received at COEFI by September 15, 2010. Scholarship check will be mailed directly to the college no later than September 30, 2010.

1. Last Name \_\_\_\_\_, First \_\_\_\_\_ MI \_\_\_\_\_

2. Street Address: \_\_\_\_\_, City \_\_\_\_\_ ST \_\_\_\_\_

3. Telephone Number: Area Code (        ) Number: \_\_\_\_\_

4. Name of High School, address and phone number:

\_\_\_\_\_

\_\_\_\_\_

6. Name of Principal:

\_\_\_\_\_

7. Date of Graduation: \_\_\_\_\_ Class Standing: \_\_\_\_\_

8. Have you applied for admission to an accredited College or University?

Yes \_\_\_ No \_\_\_ (if Yes, State Names (s) and Addresses)

9. Family Annual Income (Please fill in amount in space for EACH PARENT or LEGAL GUARDIAN, if applicable):

Less than    \$25,000    \$25,100 - \$30,999    \$40,000 - \$45,999    \$50,000+

	Less than \$25,000	\$25,100 - \$30,999	\$40,000 - \$45,999	\$50,000+
Father				
Mother				

10. List your extracurricular activities, awards, and leadership positions held.

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11. List community support activities. Use a separate sheet of paper if necessary.

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12. If applicable, state your employer, address, and phone number to include average work hours per week. \_\_\_\_\_

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13. Enclose official transcripts in a sealed envelop, SAT or ACT Scores, FAFSA Student Aid Report or SAR, (2) Letters of Recommendation, and a Written Self Portrait (i.e., what challenges or successes have you endured; what are your future goals; and, what will you contribute to the society as a whole).

My signature declares that the information I have provided is true and accurate to the best of my knowledge. A false statement on any part of this application will be grounds for non-selection I understand that any monetary award is to be used **ONLY** for education-related expenses such as tuition, books and uniforms

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