



FIELD SCOVELL

SCHOLARSHIP FOUNDATION

APPLICATION

APPLICATION DEADLINE – MARCH 14

Field Scovell – "Mr. Cotton Bowl"

THE FIELD SCOVELL SCHOLARSHIP FOUNDATION APPLICATION

Applicant must be in the graduating class of a North Texas High School (public, private, or parochial). The applicant must have financial need, leadership qualities and high personal character, and graduate with a "C" or equivalent class average. The applicant must attend an institution of continuing education within the State of Texas, Big 12 Conference, or Southeastern Conference to be eligible for this one-year scholarship award.

Scholarship funds are sent directly to the recipients' school of choice to cover institutional expenses. Students awarded a Field Scovell Scholarship will forfeit their award if they receive other scholarship(s) and/or grant(s) that equate to a "full-ride". All scholarship recipients are expected to attend a spring awards reception in Dallas.

Letters of recommendation and a copy of applicant's transcript should be attached to this application.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

E-Mail Address: _____

Date of Birth: _____ Phone: _____
(Mo./Day/Yr.)

High School: _____ Date of Graduation: _____

Class Rank: ____ out of ____ . Grade Point Average: ____ . *Attach Transcript Copy*

College Boards: ____ . Math: ____ . Verbal: ____

Sports Participated in:	Varsity Letter (Yes - No)
_____	_____
_____	_____

Athletic or Scholastic Honors: _____

Membership in Organizations: _____

Offices held and/or any special activities: _____

College Preference: _____ Accepted: _____

I hereby make application for a Field Scovell Scholarship Foundation Scholarship:

(Student Signature) (Date)

I certify that the above information is correct:

(School Representative) (Date) **(More)**

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Financial Information

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The information provided on this portion of the application will be reviewed in a completely confidential manner. Please ask your parents to assist you in completing this section of the application, **as need for financial assistance must exist. (All information will be kept strictly confidential).**

Student's Name: _____

Other scholarships or financial aid applied for or known to have received:

Father's Occupation: _____

Father Employed By: _____

Mother's Occupation: _____

Mother Employed By: _____

Vacation, summer, or after-school student employment: _____

Family Financial Information

1. From your parents' 20____ Federal Income Tax Return (Attach Copy):

a. Father's gross taxable income \$ _____

b. Mother's gross taxable income \$ _____

2. Non-taxable family income
(Social Security, VA Benefits, etc.) \$ _____

20____ Total Family Income \$ _____

Number of children claimed by your parents on their 20____
Federal Income Tax Return: _____

Number of dependent children expected to attend college or
Post-high school institutions next year: _____

I/We hereby certify that the above information is true, and that we DID FILE the attached income tax return (and schedules), and that it is an exact and complete copy of my/our year's Federal Income Tax Return (IRS Form 1040 or 1040A) filed with the United States Internal Revenue Service.

(Father's Signature) (Date)

(Mother's Signature) (Date)

Please explain your financial need for this grant and express why you are deserving of an award that recognizes high personal character, leadership abilities and a connection to sports.