

PERMIAN BASIN AREA FOUNDATION
Amy Gardner Memorial "Louis Armstrong" Scholarship

**Applicant
Data**

Last Name _____ First Name _____ Initial _____

Permanent Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone(____) _____ Cell(____) _____ Email _____

**High
School
Data**

High School Name _____ Graduation Date _____

Current ranking ____ in a class of ____ students. SAT Score _____ ACT Score _____

School Activities and Honors (please list)

(If additional space is needed please attach a separate sheet of paper)

Community Activities (please list)

(If additional space is needed please attach a separate sheet of paper)

**College
Data**

College you plan to attend. If unknown, list in order of preference where applications have been submitted.

Have you been accepted?

1) _____ City _____ State _____ Yes No Pending

2) _____ City _____ State _____ Yes No Pending

3) _____ City _____ State _____ Yes No Pending

What major do you plan to study? _____

**Other
Scholarships**

List other scholarships or financial aid you have applied for along with their status:

1) _____ Amount _____ Awarded Pending Denied

2) _____ Amount _____ Awarded Pending Denied

3) _____ Amount _____ Awarded Pending Denied

Permian Basin Area Foundation
Amy Gardner Memorial Scholarship Application - Continued

Family Data Parent/Guardian Name(s) _____ Phone(____) _____
Address if different from applicant _____
Father's occupation _____ Employer _____
Mother's occupation _____ Employer _____
Number of dependents other than student supported by Parents _____ Ages _____
Number of other college age students supported by Parents _____

Financial Data Family's Yearly Income
Less than \$40,000 \$40,001 - \$80,000 \$80,001 - \$120,000 \$120,001 and Above

Are you currently employed? Yes No Employer _____

Are you planning on working while attending school? Yes No

Where do you plan to live while in college?
Dormitory Apartment Family Other (please list) _____

Please explain if there are any other extraordinary family expenses or reasons why Applicant needs this scholarship.

(If additional space is needed please attach a separate sheet of paper)

Attachments Please attach a brief explanation on a separate page, about what band has contributed to your life while being involved in the Andrews Band program and include your contributions to the band program.

You must attach a copy of your school transcript which includes fall semester grades. If you are taking concurrent college classes please include your college transcript.

Attach at least one letter of recommendation, but not more than three.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

I certify the above is true and correct to the best of my knowledge, and grant permission to verify the information contained in this application.

Signature _____ Date _____

Signature of Parent or Guardian _____

Return completed application to:
High School Counselor

By: March 31