

# Permian Basin Area Foundation

## Connell Family Fund Scholarship

### Applicant Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
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.

- |    |       |            |             | <i>Have you been accepted?</i>  |
|----|-------|------------|-------------|---|
| 1) | _____ | City _____ | State _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending |
| 2) | _____ | City _____ | State _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending |
| 3) | _____ | City _____ | State _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending |

What major do you plan to study? \_\_\_\_\_

### Other Scholarships

List other scholarships or financial aid grants you have applied for and their status:

- 1) \_\_\_\_\_ Amount \_\_\_\_\_  Received  Pending  Denied
- 2) \_\_\_\_\_ Amount \_\_\_\_\_  Received  Pending  Denied
- 3) \_\_\_\_\_ Amount \_\_\_\_\_  Received  Pending  Denied

Permian Basin Area Foundation  
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 supported by Parents \_\_\_\_\_ Ages \_\_\_\_\_

Number of other college age students supported by Parents \_\_\_\_\_

**Financial  
Data**

Family's Yearly Income:

\$0 - \$25,000     \$25,001 - \$50,000     \$50,001 - \$75,000     \$75,001 and Above

Are you currently employed?  Yes  No    Employer \_\_\_\_\_

Do you plan to work while attending college?  Yes  No

Where do you plan to live while in college?

Dormitory     Apartment     Family     Other (please list) \_\_\_\_\_

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

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

**Attachments**

You must attach a copy of your school transcript.

Letter(s) of recommendation or other documents attached:  Yes  No

**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  
and attachments to Senior Counselor's Office