

Permian Basin Area Foundation

Kristen Corbin Memorial 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.

- 1) _____ City _____ State _____ *Have you been accepted?*
 Yes No Pending
- 2) _____ City _____ State _____ Yes No Pending
- 3) _____ City _____ State _____ Yes No Pending

My expected college major is _____

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 _____

Attachments Write a short essay explaining what you have learned from participating in high school athletics and how that knowledge will benefit you in college, both academically and athletically, if you choose to participate in college athletics.

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:
Andrews High School Senior Counselor

By: April 30

[From Website]