

PERMIAN BASIN AREA FOUNDATION
Bob & Dorothy Deavenport 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
Bob & Dorothy Deavenport 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 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.

Please indicate whether a letter of recommendation or other documents are 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 to:
High School Counselor

By: