

Permian Basin Area Foundation

Bob & Dorothy Deavenport 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