

PERMIAN BASIN AREA
Foundation

**PERMIAN BASIN AREA FOUNDATION
Jimmie & Dorothy Mashburn Scholarship**

**Applicant
Data**

Last Name _____ First Name _____ Initial _____
Social Security # _____ Birthdate _____ 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**

I will attend Midland College. I have been accepted Yes No Pending
I plan to major in: _____

**Other
Scholarships**

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

1) _____	Amount _____	Received	Pending	Denied
2) _____	Amount _____	Received	Pending	Denied
3) _____	Amount _____	Received	Pending	Denied

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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 _____

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.

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:
Senior Counselor's Office