

Grace W., Thomas B. and Elise Thompson Clark Scholarship Trust

APPLICATION FORM

PLEASE NOTE: Scholarship recipients must reapply each year.

WARNING: Applications must be received no later than April 30.

Mail Completed Applications:

(Fax)

Clark Scholarship Trust
Bank of America, N.A.
CT2-545-02-03
200 Glastonbury Blvd
Glastonbury, CT 06033
Attn: Angel Gonzalez

Clark Scholarship Trust
(860) 657-7049
Attn: Angel Gonzalez

Date Application Received

Leave
Blank

Criteria & Minimum Scholastic Achievement Requirements for Scholarship Consideration

The minimum requirements for qualification for the Clark Scholarship are: (1), the student must be a resident of Halifax County, VA; (2), the student has a minimum cumulative GPA of (3.0 on a 4.0 scale) or (88 on a 100.0 scale) or greater; and (3), the student is or will be enrolled in college as an undergraduate. (GRADUATE STUDENTS ARE NOT BEING CONSIDERED AT THIS TIME)

PLEASE NOTE: All applicant's will be notified by mail the first week of June for fall enrollment of the same year.

PLEASE NOTE: The scholarship award amount will vary from year to year.

Documents Required for Scholarship Consideration

1 Report Card (most recent issued) showing cumulative Grade Point Average (GPA) (MUST SUBMIT)

The scholarship awards will first be awarded based upon merit. Students with an "A" Average (cumulative GPA of 3.86 or higher on a 4.0 scale) or (94 or higher on a 100.0 scale) will qualify for a scholarship. Proof of the student's cumulative GPA, as evidenced by a copy of the student's report card or other official certification by the school is required and must be submitted with this application. (NO EXCEPTIONS)

2 Copy of most recent filed Personal Income Tax Return (MUST SUBMIT FOR NEEDS CONSIDERATION)

Those students with a cumulative GPA less than (3.86, but not less than 3.0 on a 4.0 scale) or (less than 94, but not less than 88 on a 100.0 scale) must have their parent or the person who claims the student as a dependent on their personal income tax return provide and submit with this application (NO EXCEPTIONS) a copy of the first 2 pages of the Federal Personal Income Tax Return filed for consideration on a needs basis. Copies of personal income tax returns will be destroyed upon ranking for needs consideration.

Applicant Information

Name _____	Social Security # _____
Address _____	Telephone Number () _____
City _____	State _____ Zip Code _____

High School, Trade or Career School, College or University the applicant is currently attending.

Name of High School, College, University, Trade or Career School _____	Applicant is attending as: (check one)
City _____ State _____	Freshman ()
	Sophomore ()
	Junior ()
	Senior ()

WARNING: All applicants must submit a report card showing cumulative GPA for consideration.

Name & Address and Contact Information of the Student Aid Office of the College, University, Trade or Career School to which the scholarship award should be sent.

Office _____	Start Date
College/Unv. _____	/
Address _____	Month Year
Address _____	
City _____ State _____	Zip Code _____
Attn: _____	Telephone Number () _____

I, the undersigned applicant, as of this day, certify that I am a permanent resident of Halifax County, VA

Applicant's Signature _____	Date of Certification _____
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WARNING: Incomplete and/or late scholarship applications will not be considered.

THIS SECTION TO BE COMPLETED BY THE SCHOLARSHIP COMMITTEE* APPLICANTS SHOULD NOT ENTER VALUES HERE

Cumulative Grade Point Average <input type="text"/>	Taxable Income / Total Exemptions Claimed \$ <input type="text"/>
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WARNING: Do not forget to attach the required documents.