

# Timothy Larance McSwain Memorial Scholarship

PMB #231

1305-A S. Brundidge Street

Troy, Alabama 36081

## Application Requirements

To ensure that all requirements are met, it is critical that the following documents are included in your application packet:

1. Application Form: The application form must be completed accurately and in detail to be considered.
2. One (1) recommendation forms must be submitted by persons other than relatives. To ensure confidentiality, the forms should be **sealed** when returned to the applicant or mailed to the above address.
3. Essay:
  - TOPIC: I AM (Who/What)
  - Must be typed double spaced
  - Minimum 250 words
4. Class schedule/Admission letter must be submitted prior to the release of scholarship funds.
5. Where to Apply: Mail completed application packet postmarked no later than April 30, 2019 to the address above.

**Timothy Larance McSwain Memorial Scholarship  
Scholarship Application**

PMB #231  
1305-A S. Brundidge Street  
Troy, Alabama 36081

**I. Personal and Educational Background**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Current High School \_\_\_\_\_ Current GPA \_\_\_\_\_

School or Institution to which you expect to attend: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**II. Extracurricular Activities**

Provide detailed information, including dates, about your extracurricular interests and activities; organization or club memberships; and paid or volunteer experiences.

Extracurricular	Office(s) Held	Date From	Date To

To the best of our knowledge, the information reported on the application form is true, correct, and complete. We agree to provide, if requested, documentation necessary to verify the information provided in this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Timothy Larence McSwain Memorial Scholarship Recommendation Form

The student named below has applied for a scholarship. In order to assist the scholarship committee in evaluating this applicant, please provide the information requested below and return the Recommendation to the TL McSwain Scholarship Memorial, PMB #231 1305-A S. Brundidge Street, Troy, Alabama 36081 or return to applicant in a **sealed envelope** to be sent to aforementioned address. Your reply will be treated confidentially. Recommendations must be postmarked no later than April 27, 2019.

**Applicant Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

**Recommendation Information:**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Recommendation:**

How long have you known the applicant? \_\_\_\_\_ in what capacity? \_\_\_\_\_  
 In comparison with others in the same age group, how would you rate the applicant in the following qualities? (Please check one in each category)

Qualities	Superior	Good	Average	Fair
Leadership				
Dependability				
Social Adaptability				
Oral Communication				
Written Communication				
Professionalism				
Self-Confidence				

**Describe this applicant in your own words (Attach additional pages if needed).**

**I verify the information contained herein to be true and accurate:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_