



The Bobby Scruggs Charitable Foundation

P.O. Box 7811 • Roanoke, VA 24019 • 540-520-5555



Never Give Up!



2017 SCHOLARSHIP APPLICATION

(Please type or print.)

SCHOLARSHIP ELIGIBILITY: Must be completed by all applicants. (Information about scholarship requirements are for students enrolling in curriculum with motorsports career opportunities as a goal.)

The Scholarship provides assistance to individuals pursuing educational studies and have need of financial assistance. Student will demonstrate financial need. Student will be a graduating high school senior in Virginia. Student will enroll in an accredited technical or two-four-year institution of higher learning to pursue a career in motorsports or the automotive industry. Student will demonstrate capacity to satisfactorily complete college-level studies.

APPLICATION DEADLINE: March 15, 2017

PERSONAL INFORMATION: Must be completed by all applicants.

First name: _____ Middle Initial: _____ Last name: _____

Current: Address: _____

City: _____ State: _____ ZIP code: _____

Phone Number: _____ E-mail address: _____

Last 4 digits of SSN#: _____ Student ID # (if known): _____

Date of birth: ____/____/____ Name of High School: _____

Parent(s) or Legal Guardian(s) Name: _____

Please write why you feel you should receive this scholarship: _____

List in order of your preference the colleges or institutions to which you have applied and complete the additional information.

Name of College/University/ Technical or Vocational School	2 or 4 year?	Accepted? (Yes, Pending, or No)	Address	COST (Tuition, Room & Board)

Anticipated annual educational costs: \$ _____ Household income: \$ _____

List dependents below. (Include children, relatives, or others as reported on Income Tax Return):

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give the number of persons listed above who will be receiving training beyond high school this year. _____

List any financial assistance they are receiving. _____

Please give any additional extenuating circumstances that will further show your financial need.

EMPLOYMENT HISTORY: Complete if applicable.

In the space provided below please list paid work experience (including self-employment) **starting with the most recent.** Please record **all** the information requested. Attach additional sheet in needed.

EMPLOYER	NATURE OF WORK (INCLUDING SUPERVISORY POSITIONS)	DATES EMPLOYED

APPLICATION STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship. I further certify that, if funds are received, they will be used only for the educational purposes for which they are granted. I also give permission for my high school to release any information necessary to process my application.

Applicant's signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

COLLEGE / UNIVERSITY DESIGNATION FORM

IMPORTANT NOT REGARDING YOUR SCHOLARSHIP APPLICATION:

This form must be completed, signed and received by the Foundation by **May 15, 2017** in order to finalize consideration of your recent scholarship application. Receipt of this form does not indicate that you have been awarded a scholarship, and failure to return this form will result in the application being considered incomplete.

MAIL TO:
The Bobby Scruggs Charitable Foundation
P.O. Box 7811
Roanoke, VA 24019

I have been accepted by and will attend / am attending
_____ College / University.

I will commence / continue my education as a _____ (Full/part-time)
student on _____ (date).

If I am awarded a scholarship, please send my payment to the appropriate admissions, financial aid or business office at the address below. Please also fill in the school's contact name and telephone number.

Student name (please print) / Date

Student signature

Last four digits of SSN#

Student ID# (if applicable)

SCHOLARSHIP RECOMMENDATION FORM*

THE BOBBY SCRUGGS
CHARITABLE FOUNDATION

TO BE COMPLETED BY SCHOLARSHIP
APPLICANT. APPLICATION DEADLINE:
MARCH 15, 2017

Applicant's Name: _____

Address: _____

City, State, Zip Code: _____ Phone Number: _____

I, the undersigned, agree to waive all rights to view or challenge the content of this recommendation. I understand that this is a confidential document which may be released only to Foundation representatives for the sole purpose of determining my eligibility for scholarship assistance.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY REFERENCE

Please rate applicant on the following characteristics.

	Below Average	Average	Above Average	Excellent	Unknown
Commitment to Academics					
Genuine Interest in Learning					
Writing Skills					
Verbal Communication Skills					
Likelihood of Academic Success					
Integrity/Honesty					
Leadership					
Handles Responsibility					
Independence/Initiative					
Social Behavior					
Empathy for Others					



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REQUEST FOR FINANCIAL INFORMATION

The Scholarship provides assistance to individuals pursuing educational studies and have need of financial assistance. The following information is required to assess the financial need of each applicant. It will be treated as CONFIDENTIAL and used ONLY for the purpose of applican evaluation by the scholarship committee. Please be sure to return with application. **Deadline: March 15, 2017.**

Anticipated Annual College Expenses		Parents' or Guardians' Anticipated Annual Income
Tuition and Fees	\$	
Room and Board	\$	
Books and Supplies	\$	
Personal Expenses	\$	
Other Expenses	\$	
TOTAL:	\$	

Please visit the following website and fill out the appropriate application under which you fit using last year's [2016] information and send to us with your application. Note: Only if you qualify as an "independent student" as defined at the website can you ignore your parents' or guardians' income.

<http://1.usa.gov/1HAzFgQ>

Additional comments: _____

Name and address of Financial Aid Officer at your college (if known): _____

I certify that the above financial information is an accurate depiction of my and my family's current financial resources.

Applicant's signature

Date

Home Phone Number

Signature of Parent or Guardian

Date