## MINNIE K. PATTON SCHOLARSHIP FOUNDATION APPLICATION FORM FOR GRANT

(Complete in Full. Type, Print of Write Neatly)

## I. Personal Information

A.	Stı	udent				
	1.	Name	Date of Birth			
	2.	Street Address				
		City State	Zip			
	3.	Social Security Number				
	4.	Marital Status				
		Married Single	Divorced			
		a) Total Dependents				
		b) If married, does spouse attend school? ( ) Yes ( ) No				
		c) If so, where?	Major			
	5.	Do you have or contemplate summer employment? ( ) Yes	( ) No			
		If yes, what will your total summer earnings be? \$  Do you anticipate employment while attending college? ( ) Yes ( ) No				
	6.					
		If yes, please state nature and hours of employment and probable	e monthly earnings.			
		If requested, are you in a position to come to Dallas for a persona	al interview with the Trustee?			
B.	Pa	rents				
	1.	Name of Father H	Home Phone			
	2.	Father's Place of Employment				
		Position				
	3.	Name of Mother H	Iome Phone			
	4.	Mother's Place of Employment				
		Position				

	5.		Permanent residence address of individual who will always know where you live:				
		Street Address City	State	Zip	Telephone Number		
II.	Depe	ndents					
	A. P	ersons depender	nt on parents; or if you a	re independent of pare	ents, names of persons dependent on you:		
	1.	Children					
		Name			Age		
	2.	. Others			Age		
	3.	. Total number	r of dependents on your				
III.	Finan	icial Informat	ion				
	1.	. Total annual	family gross income of	person who will suppo	ort you \$		
	2.	. State need fo	r student's financial assi	stance. (Attached add	ditional sheet if necessary.)		

3.	State amounts and give detail of any existing debts.		
4.	Financial requirements for school (Total for one full college year of fall and spring semesters.)		
	Tuition		
	Room and Board		
	Books		
	Lab Fees, Supplies		
	Total Amount for one Year \$		
	Funds available from other sources:		
	Savings		
	Family		
	Earnings		
	Other		
	Total funds available from other sources \$		
5.	Amount applied for from Patton Foundation for school year \$		
6.	Are you in need of the financial assistance to the extent of the amount stated in Question 5 above for the purpose of pursing or completing your education? ( ) Yes ( ) No		
7.	Have you applied for or received any other assistance from any other organization, Foundation, Scholarship Fund? ( ) Yes ( ) NO		
8.	Amount of financial assistance expected from your parents. \$		

A.	A. List of honors received in school		
В.	List of memberships and offices held in school		
Edu	ication Completed To-Date		
A.	Name and address of high school		
	Year Graduated		
B.	Name and address of high school or college attended last term		
	Number of semester hours completed		
	Major subject		
	Current classification		
	Anticipated date of graduation from college or university you plan to attend this coming year		
C.	College or university you plan to attend this coming year		
	Mailing Address		
	Date of enrollment or date school requires funds		
	Major Subject		
	Total number of semester hours to be taken during next school year		

IV.

**Achievements** 

## VI. Scholarship

VII.

A.	Grade average last full high school term				
	Approximate standing in high school class (upper 1/10, upper 1/4, upper 1/2, lower 1/2)				
	State whether the answer is taken from school records or your estimate				
B.	Grade average last full college semester taken				
	Over-all college grade average				
	Approximate standing in college class (upper 1/10, upper 1/4, upper 1/2, lower 1/2)				
	State whether the answer is taken from school records or your estimate				
Ref	ferences				
A.	Please state below the names, occupations, and addresses of at least two persons, other than school personnel				
to v	whom references can be made respecting your application.				
B.	Name Occupation Address (Street, City, State, 2	Zip			
	1				
	2				
	3				
	4.				

	A. If any benefit if granted to me, I understand To my college as above stated for cred and other purposes permissible by the	it to my account for tuition, supplies, books, laboratory fee			
IX.	I certify that I, my spouse (if applicable), and/o subsidiary of Bank of America.	or my parents are not employed by Bank of America or any			
X.	, ,	are true, complete and correct, and any falsification or bunds for termination of benefits from the Minnie K Patton			
		Signature of Applicant			
		, 20, personally appeared , known to me to be the person signing above,			
	who under oath stated that the facts and figures contained here are true and correct.				
		Notary Public			

VIII.

**Method of Disbursement**