



# ANNIE M. DAVIS SCHOLARSHIP APPLICATION

Submit Application by July 26, 2020

Date of Application \_\_\_/\_\_\_/\_\_\_

Student Name \_\_\_\_\_

Name of College \_\_\_\_\_

E-mail \_\_\_\_\_

School Phone# (    ) \_\_\_\_\_ Cell# (    ) \_\_\_\_\_

College Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian Business Phone# \_\_\_\_\_

Home Phone# (    ) \_\_\_\_\_ Cell# (    ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Student Year \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

What other financial assistance do you have for your education?

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What college activities are you involved in?

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**What are your plans after graduation?**

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**What do you think is important for the committee to know or what is important to you (minimum of 100 words)?**

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**Please sign the date this application stating that you understand the policies and procedures. Please keep a copy of your signed application form. A copy will be maintained by the Annie M. Davis Scholarship Committee.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**(Attach additional information if necessary. Photo must be included)**

**Date Received \_\_\_\_\_ Approved By: \_\_\_\_\_ Amount \$ \_\_\_\_\_**