

<p style="text-align: center;">TED CLARK FOUNDATION SCHOLARSHIP APPLICATION</p>
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<p><u>THIS SECTION TO BE COMPLETED BY HIGH SCHOOL COUNSELOR:</u></p>

High School Cumulative GPA: _____

ACT/SAT Score: _____

Class Rank: _____

Intended College: _____

Intended College Major: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

High School(s) Attended: _____

Location: _____

Years Attended: _____

List any activities, organizations, offices, committees and honors that have been important to you.

Please complete the following items:

Father's name: _____

Father's occupation: _____

Mother's name: _____

Mother's occupation: _____

Number of children in family and their ages: _____

Other dependants and their ages: _____

Please check one of the following statements:

- I will: ☐ NOT be able to attend college without financial aid
☐ will probably attend college BUT will need some financial aid
☐ will be able to attend college WITHOUT financial aid

Indicate if you have applied for or accepted any other scholarships. Please detail the amounts of the scholarships and what they cover. _____

Attach a personal letter from you directed to the Trustees of the Clark Foundation outlining your future plans and personal goals. Include the reasons why you feel you should be awarded a Clark Scholarship. Please list your strengths and weaknesses as well.

Attach a copy of your acceptance letter from the college you plan on attending.

ACKNOWLEDGEMENTS AND DISCLOSURES

I _____ (input your name) agree by signing this application that, if chosen as a Clark Scholarship recipient, I will adhere to the following requirements:

- I will be enrolled in no less than 12 credit hours each semester.
- I will maintain a cumulative GPA of 3.0 or higher while in college.
- After each grading period, I will submit a summary letter and cumulative transcripts to the Clark Foundation Board for their review.

I _____ (input your name) agree by signing this application that, if chosen as a Clark Scholarship recipient, I will inform the Clark Foundation Board of any scholarships I have accepted each year I am in college.

Student Signature

Date