

**THE SHAWNA NICOLE WILLIAMS MEMORIAL SCHOLARSHIP FUND
FALL 2010**

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

I will be attending the following school in the Fall of 2010:

Current GPA:

ACT Score: (OR)

SAT Score:

PARENT/GUARDIAN INFORMATION

Father/Male/Guardian Name:

Relationship:

Occupation:

Marital Status: Married____ Single____ Divorced____ Widowed____

Adjusted Income: Previous Year 1040:_____ Current Year 1040:_____

Exemptions Claimed: Previous Year 1040:_____ Current Year 1040:_____

Mother/Female/Guardian Name:

Relationship:

Occupation

Marital Status: Married____ Single____ Divorced____ Widowed____

Adjusted Income: Previous Year 1040:_____ Current Year 1040:_____

Exemptions Claimed: Previous Year 1040:_____ Current Year 1040:_____

(Attach additional sheet for questions 1 through 4 with your name on each sheet)

1) WHAT ARE YOUR EDUCATIONAL GOALS AND OBJECTIVES? (DO NOT RESPOND WITH NO GREATER THAN 250 WORDS)

2) LIST ANY HIGH SCHOOL ACADEMIC HONORS, AWARDS, MEMBERSHIP, ACTIVITIES

3) LIST ANY COMMUNITY SERVICE ACTIVITIES, HOBBIES, OUTSIDE INTERESTS, EXTRACURRICULAR ACTIVITIES, WORK EXPERIENCE.

4) WHAT OBSTACLES HAVE YOU OVERCOME THAT WILL CONTRIBUTE TO YOUR SUCCESS? (PLEASE DO NOT RESPOND WITH NO GREATER THAN 500 WORDS)

STATEMENT OF ACCURACY

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture be taken and used for any purpose deemed necessary to promote **SNWMS, Inc.** **All information will be kept confidential to SNWNS, Inc.**

Signature of applicant:

Date:

The following items must be attached to this application in order to qualify for review by the scholarship committee. Your application will be returned if these items are not attached to this application. (It is not necessary to return this page.)
Circle "YES" or "NO" on each item below to be sure you have attached each item as required.

YES	NO	Signed Reference Letters – Letters of recommendations from two sources, a high school teacher and a person that can attest to your character. Return with application in sealed envelope.
YES	NO	Answers to all questions.
YES	NO	Most recent <u>official</u> high school transcript – Photocopies of your transcript are not acceptable.
YES	NO	Proof of ACT or SAT scores. Photo of the Scholarship Candidate

Name of Applicant _____

Thank you for the time and effort you have taken to complete this application. We at The Shawna Nicole Williams Memorial Scholarship, Inc. would like to extend our very best wishes to you in all your future educational endeavors.

Please send the completed application to:

*The Shawna Nicole Williams Memorial Scholarship, Inc
2200 NW 50th Street, Ste. 110E
Oklahoma City, Ok 73112*