

# The Eugene Baker – Joy Vann Memorial Scholarship Foundation Application

(Please print legibly.)

## Applicant Information

Name (First, Middle, Last)	
Date of Birth (Month, Day, Year)	
Gender (Check One)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No  (Applicant must be a U.S. citizen.)

## Parent/Guardian Information

Parent/Guardian Name(s)	
Check all that apply	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian  <input type="checkbox"/> Other Relative (specify) _____  <input type="checkbox"/> Other (specify) _____
Street Address (if different from above)	
City State Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

## High School Information, Extracurricular Activities, Etc.

Name of High School	
High School Mailing Address	
City State Zip Code	
Phone Number	
High School Type (check one)	<input type="checkbox"/> Private <input type="checkbox"/> Bilingual <input type="checkbox"/> Public <input type="checkbox"/> Magnet <input type="checkbox"/> Gifted <input type="checkbox"/> Other
Current Grade Level	
Current GPA	
Cumulative GPA	
Type of Learning Disability	
Sports You Participate in Now (check all that apply)	<input type="checkbox"/> Baseball <input type="checkbox"/> Hockey <input type="checkbox"/> Gymnastics <input type="checkbox"/> Track and Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Football <input type="checkbox"/> Wrestling <input type="checkbox"/> Other _____
Music/Arts Activities You Participate in Now (check all that apply)	<input type="checkbox"/> Guitar <input type="checkbox"/> Violin <input type="checkbox"/> Trumpet <input type="checkbox"/> Vocal/Choir <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Visual Arts <input type="checkbox"/> Piano <input type="checkbox"/> Flute <input type="checkbox"/> Drums <input type="checkbox"/> Other How long have you played/participated? _____
Hobbies (please list)	_____ _____
Organizations (check all that apply)	<input type="checkbox"/> Boy/Girl Scouts <input type="checkbox"/> Insight/High Sight <input type="checkbox"/> High Jump <input type="checkbox"/> Boys & Girls Clubs of America (club name) _____ <input type="checkbox"/> Metro Squash <input type="checkbox"/> Metro/Midtown <input type="checkbox"/> Merit School of Music <input type="checkbox"/> Horizons for Youth <input type="checkbox"/> Other

Complete the Following Sentences:	1. The happiest time
	2. I am concerned about
	3. One book I enjoyed
	4. I am best at
	5. Others would describe me as
	6. I would like to be better at
	7. I have traveled to
List any volunteer work you have done	
List any academic honors, awards, prizes or scholarships you received over the last two years	
List any summer academic programs or other supplemental or enrichment work you completed outside of school	
List high schools you have visited or at which you have shadowed	

### College Search and Acceptance

List up to three schools to which you have applied and up to three schools to which you have been accepted.

Applied: \_\_\_\_\_

\_\_\_\_\_

Accepted: \_\_\_\_\_

\_\_\_\_\_

Are you a first generation college student?     Yes     No

## Enclosures

Please check all enclosed:

- Essay: Describe what make you a creative trailblazer and compassionate leader
- Portfolio: Provide drawings, photos, writing, etc. that exhibits your creative passion
- Letters of Recommendation: Include two letters of support for your acceptance as an EBJV Scholar
- Transcript: Include a sealed, official current transcript from your high school
- IEP Status: Provide documentation of your current IEP status
- Media Release Form: Download, print and sign the EBJV Media Release Form

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate revocation of my scholarship award.

Applicant Name (printed)	
Signature	
Date	
Parent/Guardian Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or age.

Thank you for completing this application and for your interest in the EBJV Memorial Scholarship Foundation. Please see our website for the application deadline and additional information.

**Could you be our next EBJV Scholar?**