

# The Al Dixon Scholarship Application

Application must be filled out completely and legibly to be considered eligible for the award.

## Identifying Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent/Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent/Home Phone: \_\_\_\_\_

## Academic Information

I am currently registered as a full-time student attending:

Name of School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

NOTE: GPA must be verified by official transcripts prior to award notification.

## Financial Information

Annual Household Income: \_\_\_\_\_

**Awards/Community Involvement/Work Experience**

Please list recent awards, honors, volunteer activities, and any related work experience:

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**References**

Please list two references, who are current or past instructors, a community representative and/or religious official of the applicant. Both references must write a letter in support of this application. Enclose the letters of reference with the application.

Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Number of years acquainted with the applicant: \_\_\_\_\_

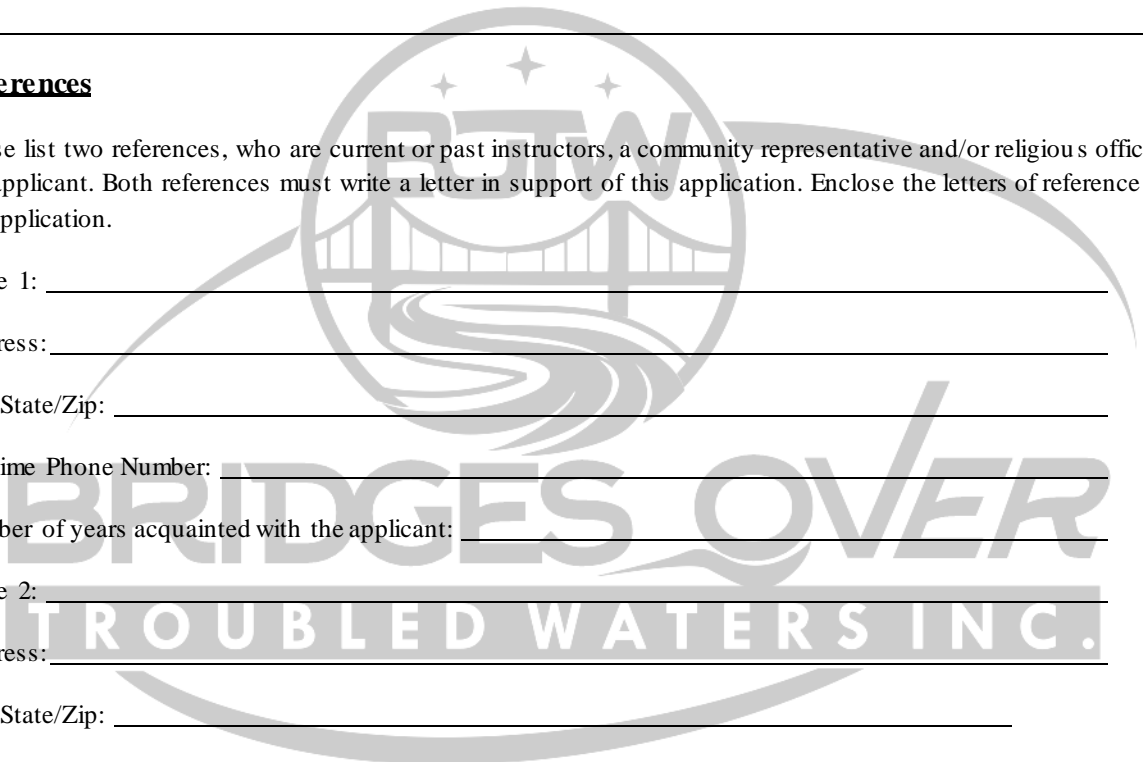
Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Number of years acquainted with the applicant: \_\_\_\_\_



**Please read and sign the following:**

I understand that the scholarship selection will be based on the content of my application, the letters of reference, my overall GPA, household income and my submitted questionnaire. The scholarship winners may be invited to attend a Bridges Over Troubled Waters, Inc. Board Meeting and make a brief presentation to the Board.

I certify that all information contained in this application is true and the submitted questionnaire responses are exclusively personal reflections.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

