

HATTON W. SUMNERS SCHOLARSHIP APPLICATION

Students must be enrolled full-time (12 hours per semester)

PERSONAL INFORMATION

How do you prefer to be addressed: Mr.	Mrs	s.	Miss	Ms.			
Full Name							
Nickname or Preferred First Name							
Current street address							
City, State, Zip							
Cell Phone Number							
School email address							
Date of birth							
Place of birth	Are	you a	a US Cit	izen?	Yes	No	
Permanent street address							
City, State, Zip							
Permanent home phone number							
Permanent email address							
Are you registered for the Selective Service?	LITARY SERVICE Yes No						
Exempt from Registration? Yes No							
Have you served in the US Armed Forces?	Yes	N	0				
If yes, what branch?							
Rank at Separation							
Citations and Decorations							
Type of Separation or discharge(if dishonorable attach explanation)							

ACADEMIC INFORMATION

Major(s)		Minor(s)						
Education: List all co	olleges/universities att	ended in most rece	nt first					
Institution name	Dates attended	Credit hours	Degree earned or to be earned	Date graduated or graduating				
Please attach the following documents: A copy of ALL undergraduate transcripts A current resume listing high school and/or college honors, awards, activities, leadership positions, extracurricular activities and work experience A maximum 750 word essay on why you selected your field of study, your future educational goals and career ambitions A 2½" x 3" color photograph in a .JPG format clearly labeled with the student's full name (Optional) No more than 3 letters of recommendation, at least one of which must be from a professor or instructor familiar with your academic achievements. Reference the "Recommendation Form" for details.								
Cumulative GPA		ATION VERIFIED	BY THE INSTITUTION)N				
		ted at the end of the	e Current Semester					
ACT Score:	·	ted at the end of the	current semester					
•	+ th Verba	+	= ritten To	 otal				
and I give my permis information/records requested by the Fou	ssion and consent to to to the Hatton W. Sum undation. Further, I g g addresses, telephon	he University to pro ners Foundation ("T ive my permission a	acy of the information vide any and all acade the Foundation") on a mandation and consent that any addresses, and like, may	mic or other regular basis or as nd all of my directory				
Signature			Date					