

# HAYWOOD R. THORNTON, III

## MEMORIAL SCHOLARSHIP

702 Delaware Avenue, St. Cloud, FL 34769

Supporting the proposition:

"DON'T DRINK AND DRIVE"

### APPLICATION SCHOLARSHIP GRANT

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name of Mother: \_\_\_\_\_ Living? (Yes) (No)  
Address: \_\_\_\_\_
3. Name of Father: \_\_\_\_\_ Living? (Yes) (No)  
Address: \_\_\_\_\_
4. I have # \_\_\_\_\_ siblings. # \_\_\_\_\_ are presently attending college or university and are receiving family support.
5. Family income (thousands): Under \$20 \_\_\_\_\_; \$20 to \$40 \_\_\_\_\_; \$40 to \$60 \_\_\_\_\_; \$60 to \$80 \_\_\_\_\_; Over \$80 \_\_\_\_\_
6. List activities, awards, organizations, athletics, service and subject clubs. Indicate any offices or leadership positions held in these activities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Grade point average: \_\_\_\_\_ as of \_\_\_\_\_ (Date)
8. I (am) or (am not currently) employed. If yes, approximately \_\_\_\_\_ hours per week.
9. Other scholarships I have received or expect to receive: \_\_\_\_\_  
\_\_\_\_\_
10. I (have) (have not) applied for financial aid for next year. If so, from what source: \_\_\_\_\_  
\_\_\_\_\_
11. I plan to work # \_\_\_\_\_ hours per week while attending college.
12. I plan to major in: \_\_\_\_\_ Minor: \_\_\_\_\_

13. The college/university I plan to attend is: \_\_\_\_\_  
I (have) (have not) been admitted.
14. I play the following musical instruments: \_\_\_\_\_  
\_\_\_\_\_
15. I (was) (was not) a member of the high school band. If yes, how many years? \_\_\_\_\_
16. The mathematics courses I completed during high school were: \_\_\_\_\_  
\_\_\_\_\_
17. The science courses I completed during high school were: \_\_\_\_\_  
\_\_\_\_\_
18. The social studies courses I completed during high school were: \_\_\_\_\_  
\_\_\_\_\_
19. The English and foreign language courses I complete during high school were: \_\_\_\_\_  
\_\_\_\_\_
20. The Haywood R. Thornton, III, Memorial Scholarship Trust has a purpose or supported proposition. State in four words the purpose or proposition: \_\_\_\_\_
21. **Attach a hand-written statement (200 words or less) of your college/career goals.**

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- A. Your application must be **mailed** to: HRT III Memorial Scholarship, 702 Delaware Avenue, and St. Cloud, FL 34769. It must be **postmarked no later than April 30**
- B. An inflexible requirement is that **the recipient must be present at the "Senior Awards Night" at St. Cloud High School**. If the recipient is not present to receive the award, it will be awarded to the next ranked applicant.
- C. The Trust must be provided a 1" x 2" school-type picture of the recipient before funds will be released.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OPTIONAL: The Trustees request that each applicant make a self-policing pledge that he/she will NOT DRINK AND DRIVE!! You will know you gave your word, we trust you will keep it.