



Amount saved for college \$ \_\_\_\_\_

Are you presently applying for any other college scholarships? If so, list the name(s)

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List all scholarships and other awards already won and amount of each:

Award \_\_\_\_\_ Amount \_\_\_\_\_

Award \_\_\_\_\_ Amount \_\_\_\_\_

Award \_\_\_\_\_ Amount \_\_\_\_\_

Award \_\_\_\_\_ Amount \_\_\_\_\_

I plan to live \_\_\_\_ Provide Own Housing (apt., etc.) or \_\_\_\_ Parent's Residence

If applicable:

Date of Marriage \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Number of Children \_\_\_\_\_

I certify that the information submitted in this application is true and correct. I understand that falsifying any information will immediately terminate my eligibility for this scholarship or any scholarship which I might receive.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**THE FOLLOWING SUPPLEMENTAL INFORMATION MUST ACCOMPANY YOUR APPLICATION:** All the information listed below is required for the scholarship committee to review your application.

1. A complete official transcript of your Amarillo College record. This transcript should indicate your grade average through the last semester completed prior to applying for this scholarship.
2. The attached completed Statement of Personal Need.
3. Four letters of reference
4. Two small photos (One must be an original photo; the other can be a copy)

# ELDON DURRETT MEMORIAL SCHOLARSHIP

## Statement of Personal Need

The Eldon Durrett Scholarship Program considers financial need as one of several factors in making awarding determinations.

1. Source of Financial Support (**check one**)

- a.  Independent student (files his own taxes)
- b.  Married parents
- c.  Divorced/separated parent, based on which parent you lived with or provided most of your financial support during the past 12 months.
- d.  Widowed/single parent
- e.  Legal guardian

2. **Income.** Answer these questions based on your source of financial support.

Financial information is requested for previous fiscal year. Not the current year.

- a. Total number of exemptions \_\_\_\_\_
- b. Adjusted Gross Income from IRS tax return \$ \_\_\_\_\_

3. Household information

- a. Number of children \_\_\_\_\_
- b. Number of children who will be living at home and attending college \_\_\_\_\_

College(s) they will be attending \_\_\_\_\_

- c. Estimated college costs to the family next fall (excluding applicant)  
\$ \_\_\_\_\_

Thank you for completing this information. As a quality control check on this application process, we will request copies of the IRS 1040 form (1040, 1040A or 1040EZ) for a random sample of recipients. If you are selected and fail to provide the requested IRS 1040 form, or if there is a major discrepancy between the form and the reported income, you will lose this scholarship. Therefore, it is requested that you double check the information reported on this form.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date