



Deadline: June 12, 2020

HEAD START MARY BREWER SCHOLARSHIP APPLICATION

Name:	
Address:	
Telephone Number:	Email:
Place of Birth:	
High School GPA (if known) :	
College Sat Scores:Total	
Course Level:	
Parent's occupation and place of emplo	yment:
Father:	
Mother:	
Parent	oloyee?YESNO Please give name(s) Aunt Uncle
Number of Siblings in the Family:	Ages:
Present school	
1	
2	
3	
Other dependents in the same househo	old: Relationship(s):
When did you attend Head Start?	Where?
Your place of employment at present tir	me: Hours worked each week:

Intended major field	of study	
Estimated expenses f	for next year:	
Tuition	Fees	Other
Books	Room	
Board	Travel	
TOTAL:		
Estimated income for	r next year:	
Veteran's Benefit		Savings from past earnings
Social Security Benef	fits	Other personal assets
Advance from paren	ts	Loans
Expected earnings th	nis Summer	
Expected earnings d	uring School Year_	
Financial aid and/or	scholarships grante	ed
TOTAL		
Have you requested	financial aid from y	our college(s)?YesNo
•		T OF PAPER- Please type a summary telling why you plan to further your education ancial need, why you feel you are deserving of scholarship consideration
Parent's Signature		Student's Signature for Release of Information
attendance to Head	Start. If you could nedia pages (photo	a, a copy of your High School or College transcripts and your proof of I also submit a photo of yourself, if chosen we will use photo on our o not required for application, but recommended)
Email Application To:		
Kathy Holton		

kholton@triumphinc.org

College at which you have been accepted and which you plan to attend or are attending