

SCHOLARSHIP APPLICATION 2018-2019 ACADEMIC YEAR

Phillips Scholarship Fund
P. O. Box 20111
Sugar Land, TX 77496

E-mail: info@phillipsscholarshipfund.com

Web Site: www.phillipsscholarshipfund.com

Name: _____

Address: _____

Email Address: _____

Contact Phone Number: _____

High School Name: _____

Grade Point Average (as of end of Spring semester 2018): _____

Date of Birth: _____

Sex: _____

Are you a United States Citizen? _____

If not, do you have a Student/Permanent Resident Visa? _____

Visa Number: _____

Are you a resident of College Park, GA or Missouri City, TX? _____

APPLICANT'S STATEMENT

In submitting this application, I hereby certify that:

1. I have met ALL requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
2. I will use the proceeds of the scholarship received for the payment of tuition, required fees, room and board, and/or required materials only.
3. If I am awarded a scholarship, I will provide satisfactory evidence, as required by The Phillips Scholarship Fund, of my fulltime enrollment during the period for which the scholarship is awarded.
4. I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all of The Phillips Scholarship Fund publications.

Print Name: _____

Signature: _____

Date: _____