



CONFIDENTIAL APPLICATION

W. Murray Smith Memorial Scholarship

All applications must be received no later than May 1, 2021

Drop off completed application to
Deana Carte at Clay County Bank
Or

Mail completed application to
Mrs. S. Miller-Collins at 73 High Point Drive, Buckhannon, WV 26201

Applicant Information

Full Name: _____ Graduation Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Birth Date: _____ Gender (M/F): _____

Education

What is your present GPA? _____ What is your highest ACT/SAT Score? _____

College Preference(s)
(list out, include location):

Have you been accepted
to any of the listed
institutions above?

Anticipated College
Major/Area of Study?

Goals

Please summarize your future career goals:

Anticipated College Expenses (for first year)

Tuition: \$ _____	Room/Board: \$ _____	Books: \$ _____
Travel: \$ _____	Miscellaneous: \$ _____	TOTAL ESTIMATE: \$ _____

List other scholarships and/or loans for which you have also applied?

Total amount of scholarships and/or loans you have been approved for as of the date of this application? \$ _____

Have you saved any money, yourself, for your college expenses? No/Yes: _____ If yes, how much: \$ _____

Extracurricular Activities

What school activities (clubs, teams, subjects) do you enjoy?

Have you received any school awards?

Briefly summarize your work experience/employment history:

Personal Information*

Father's Name: _____ Mother's Name: _____
Father's Occupation: _____ Mother's Occupation: _____

Parent's marital status (married, separated, divorced, deceased)? _____

How many children are in your family? _____ How many living at home? _____ How many in college? _____

Please provide the amount that reflects a.) your family's Adjusted Gross Income (AGI) reported from the prior year's income tax return **OR** b.) Expected Family Contribution (EFC) from your current Free Application for Federal Student Aid (FAFSA): Circle the one you are providing: AGI EFC Amount: \$ _____

**If you do not live with your parents, please summarize your circumstances:*

Resume

Please attach to this application, in resume form, any additional information that you'd like to share regarding your school/personal extracurricular activities, details on community volunteer activities, honors/AP/dual enrollment/trade classes taken from grades 9-12.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____