
Robert L. & Melnea Witherspoon Martin
Scholarship Application

FOR SCHOOL YEAR 20____

PART A: TO BE COMPLETED BY APPLICANT (Please Type or Print Clearly)

1. Applicant's Name _____
(Last) (First) (Middle)

2. Address _____ Apt. No. _____

3. City _____ State _____ Zip Code _____ Phone _____

4. Date and Place of Birth: Month _____ Date _____ Year _____

City _____ State _____ Zip Code _____

5. High School Attended: Name _____ City _____ State _____

6. Academic Major _____ Academic Minor _____ Present GPA _____

7. Present Grade Level Classification _____

8. Do you plan to work while attending college? _____ Place of Employment _____

9. Financial Assistance Presently Received _____ Annual Amount _____

10. School Organizations Membership _____

11. List Class Offices Held _____

12. List School Offices Held _____

13. List School, Church, Community Activities in which You Participate _____

14. Church Membership _____

15. Please list two references who have known you for at least two years:

(a) Name _____ Address _____

City _____ State _____ Zip Code _____

(b) Name _____ Address _____

City _____ State _____ Zip Code _____

16. In a 300-500 word essay, please answer the following questions: what is your future goal? How will this scholarship assist you in accomplishing your goal? How will you assist A&M University and its students after graduation?

PART B: TO BE COMPLETED BY PARENTS OR GUARDIAN (Please Type or Print Clearly)

1. (a) Applicant lives with:

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Relative ___ Guardian

___ Father Deceased ___ Mother Deceased ___ Parents Divorced ___ Parents Separated

(b) Applicant maintains own residence:

___ Supports Self ___ Parents Support Applicant ___ Helps Support Family

2. (a) Father's Stepfather's Name _____

(b) Home Address _____ City _____ State _____ Zip Code _____

(c) Employed? ___ Yes ___ No Name of Employer _____

Address _____

3. (a) Mother's/Stepmother's Name _____

(b) Home Address _____ City _____ State _____ Zip Code _____

(c) Employed? ___ Yes ___ No Name of Employer _____

Address _____

4. What is the family's annual income? _____

5. List number of dependent children in family (including applicant) _____ Ages _____
6. Number of other individuals living with and/or supported by you _____ Ages _____
7. Is applicant being claimed as a current tax dependent? _____ Yes _____ No
8. What percent of the applicant's financial need will you be able to provide? _____

I certify that the above statements are true and accurate to the best of my knowledge

Signature of Parent or Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____