

CUMBERLAND GOOD SAMARITANS
SCHOLARSHIP PROGRAM

GUIDELINES FOR SCHOLARSHIP:

1. MUST BE A RESIDENT OF CUMBERLAND COUNTY, TENNESSEE.
2. MUST MEET INCOME ELIGIBILITY REQUIREMENTS
3. MOST RECENT FEDERAL INCOME TAX REQUIRED
4. COORDINATED WITH FAFSA AND OTHER SCHOLARSHIP PROGRAMS
5. SCHOLARSHIPS ARE PROVIDED TO ALL TENNESSEE BOARD OF REGENTS SCHOOLS
6. STUDENT'S PERFORMANCE WILL BE MONITORED BY CUMBERLAND GOOD SAMARITANS.

CUMBERLAND GOOD SAMARITANS

SCHOLARSHIP APPLICATION

P.O.. BOX 89
CROSSVILLE TN 38557
(931) 484-3225
(REVISED 9-22-05)

(PLEASE PRINT OR TYPE)

DATE _____

NAME _____
(LAST) (FIRST) (M.I.)

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE
NUMBER (WORK) _____ (HOME) _____ (CELL) _____

MARITAL STATUS ___ MARRIED ___ WIDOW ___ SINGLE ___ DIVORCED ___ SEPARATED

OTHER DEPENDENTS ___ YES ___ NO HOW MANY, IF YES _____

EMPLOYED BY _____

ADDRESS OF EMPLOYER _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PARENTS' NAME _____

PARENTS' ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

EMPLOYED BY _____

ADDRESS OF EMPLOYER _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

ESTIMATED FAMILY INCOME _____ THIS YEAR _____ LAST YEAR

HIGH SCHOOL _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

GRADUATION DATE _____

INTENDED FIELD OF STUDY _____

ANTICIPATED DATE OF ATTENDANCE _____

DATE

APPLICANT'S SIGNATURE

CUMBERLAND GOOD SAMARITANS
PERSONAL RECOMMENDATION
FOR SCHOLARSHIP PROGRAM

SCHOLARSHIP
APPLICANT'S NAME _____

APPLICANT'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE RATE THE FOLLOWING INFORMATION AS:
EXCELLENT, ABOVE AVERAGE, AVERAGE, BELOW AVERAGE, POOR, OR NO ANSWER

WILLINGNESS TO COOPERATE _____

ATTENDANCE IN WORK OR SCHOOL _____

RESPONSIBILITY _____

COURTESY AND CONSIDERATION _____

PERSONAL APPEARANCE _____

DEPENDABILITY _____

ABILITY TO LEARN _____

INITIATIVE _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2. IN WHAT RELATIONSHIP? _____

3. DESCRIBE BRIEFLY WHY THIS APPLICANT SHOULD BE CONSIDERED FOR THIS
SCHOLARSHIP? _____

SIGNATURE _____ DATE _____

ADDRESS _____ OCCUPATION _____

PHONE (_____) _____

PLEASE MAIL DIRECTLY TO:
CUMBERLAND GOOD SAMARITANS, P.O. BOX 89, CROSSVILLE TN 38557

INFORMATION RELEASE

THE INFORMATION CONTAINED IN THIS FILE AND THE FORMS I HAVE SIGNED
HAVE BEEN DISCUSSED WITH ME AND I FULLY UNDERSTAND THAT
CUMBERLAND GOOD SAMARITANS WILL BE ALLOWED TO GIVE THIS
INFORMATION AND/OR SEEK INFORMATION FROM ANY LOCAL, STATE, OR
CHURCH ORGANIZATION THAT MAY ASK FOR SAID INFORMATION.

DATE

APPLICANT'S SIGNATURE