

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP**  
**Sponsored by Community Friends of ICS**

1. Name \_\_\_\_\_ 2. Date \_\_\_\_\_

3. Birth date \_\_\_\_\_ 4. Telephone Number \_\_\_\_\_

5. Address \_\_\_\_\_

Street                      City                      State                      County                      Zip

6. Name of High School \_\_\_\_\_

7. Did you attend **Head Start**? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

Address \_\_\_\_\_

What year did you attend? \_\_\_\_\_

8. Do you have a sister or brother enrolled in a **Head Start program**? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Where is he or she enrolled? \_\_\_\_\_

What year did he/she attend? \_\_\_\_\_

9. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

10. What is the family's **yearly gross** income? \_\_\_\_\_

11. What is the number of persons living at home? \_\_\_\_\_

12. What are your future educational plans? \_\_\_\_\_

13. What institution do you plan to attend? \_\_\_\_\_

Have you applied to an academic or vocational institution? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_\_

14. What are your hobbies? \_\_\_\_\_

15. List high school activities, community organizations or volunteer services?

\_\_\_\_\_

\_\_\_\_\_

16. List any work experiences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED!**



Write a composition of 500 words or less on “How This Scholarship Will Benefit Me.”  
Composition must be typed.

ALL information must be attached to application. Incomplete application will not be accepted and will disqualify the applicant.

Return this application and composition along with a letter of recommendation from a principal, guidance counselor, or teacher to:

**Community Friends of ICS  
SCHOLARSHIP COMMITTEE  
Attn: Fannie L. Lampley  
P.O. Box 5711  
Holly Springs, MS 38634**

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