

Deadline: 3/30/12

## BESS R. POFF SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ GPA: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Est. Annual Income \$ \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Est. Annual Income \$ \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Number of Children in College: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

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College you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_

Academic Year Cost \$ \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

**A COPY OF YOUR ACCEPTANCE LETTER  
MUST BE INCLUDED WITH THIS APPLICATION**

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Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State briefly why you would want or need this scholarship.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of Colleges (2 or 4 year), University or Trade School for which you have applied for admission, please give the name and address of the admissions officer:

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a.

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Accepted:        Yes                        Unknown at this time

b.

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Accepted:        Yes                        Unknown at this time

c.

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Accepted:        Yes                        Unknown at this time

RELEASE

I, \_\_\_\_\_, do hereby authorize the principal of Floyd County High School to make available to the Board of Trustees of the Bess R. Poff Scholarship Fund, Inc. a copy of my academic record for their use in evaluating my application for a scholarship.

I understand that I must first be admitted to a four year college or university or a two year Virginia Community College or Trade School and that as a part of this application, a copy of the letter or other notice which informs me that I have been accepted to the College to which I have been admitted, will be attached to and made a part of this application. I further understand that if granted this scholarship it will not be paid directly to me, but will be forwarded to the University to which I have been admitted to be credited to my tuition bill and academic costs. If the registration in the College or University is canceled, then the scholarship funds will be returned to the Bess R. Poff Scholarship Fund, Inc. by either the College or myself. I understand that if I withdraw my registration or otherwise cancel it, and do not attend the College, then I am responsible for insuring that the amount of the scholarship is returned to the trustees of this scholarship fund. I understand that if I am selected to be a recipient of this scholarship, that I will be so notified at the Awards Presentation Exercises.

I understand that this scholarship will be awarded in amounts to be determined by the Trustees, annually.

\_\_\_\_\_  
(Applicant's Signature)

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