

## Announcing the Fifth Annual



### Scholarship Application

#### Student Eligibility:

- high school graduating senior,
- must have good moral character and a record of service to the school or community and
- must apply and be accepted to an accredited college/university, community college or trade or technical school during the fall semester immediately after high school graduation, and enroll as a full-time student

**Deadline Date: Saturday, June 1st, 2024**

#### Application Requirements:

- completed application (incomplete applications will not be considered) Blue/Black ink or typed (**Photocopies of this application will be accepted**),
- official transcript of high school grades,
- one letter of recommendation written by one of the three references listed on application,
- copy of SAT/ACT Scores (unofficial copy will be accepted) and
- an essay

**The scholarship is a one-time award of \$2,000.00**

#### Method of Selection:

- applications will be screened by the selection committee and
- the scholarships will be given to the students who best meet the eligibility requirements

#### Method of Distribution:

The recipient must request their respective college/university registrar's office to send a letter (on school letterhead) to this organization's mailing address, stating that the student is enrolled with full-time status for the fall semester (same year as high school graduation). Scholarship money will then be deposited with the college/university. The funds will be forfeited if the recipient withdraws from school prior to the receipt of the funds, is placed on scholastic probation, or if the letter verifying the student's full-time status is not received by **October 31, 2024**.



Fourth Annual - Toole's for School Scholarship Fund

Application for Scholarship

**DEADLINE: Saturday, June 1st, 2024**

Legal name in full: \_\_\_\_\_

(Print/Type)                      Last Name                      First name                      M.I.

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Permanent Residence: \_\_\_\_\_

Number, Street, and Apartment Number

\_\_\_\_\_

City                      State                      ZIP

Home/Cell Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

High School Attending: \_\_\_\_\_

Name of High School Counselor: \_\_\_\_\_

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

Number and Street

City

State

ZIP

School Telephone No.: \_\_\_\_\_

Current cumulative GPA: \_\_\_\_\_ on a scale of \_\_\_\_\_

ACT/SAT: Score: \_\_\_\_\_ Date Last taken: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

**Transcript:** Enclose an official copy of your high school transcript. This **MUST** be an official transcript, stamped and signed by a school official, and must include your rank even if it may be an estimate.

Intended College Major: \_\_\_\_\_

List names of accredited colleges/universities, community colleges or trade or technical schools to which you have applied and/or been accepted. Recipient must attend an accredited college/university, community college or trade or technical school within the first year following high school graduation.

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Name: \_\_\_\_\_

**Essay:** On a separate sheet of white 8½ X 11 paper, in your own words, please answer all of the questions below, in 100 words or more.

1. What are your career goals and why?
2. Describe the person that best inspires your career aspirations?
3. What steps do you plan to do over the next 5 years to achieve your goals (for example - academic, internship, and community service).
4. What are you most passionate about and why?

**References:** List three (3) people (other than relatives) who may be contacted to verify information listed in this application. Include a high school teacher, a high school counselor or administrator, and a person in your community. Enclose one (1) typewritten letter of recommendation from one of the three people you have listed.

_____	_____	_____
Teacher	Title	Work Phone
_____	_____	_____
Counselor or Administrator	Title	Work Phone
_____	_____	_____
Community Person	Title	Work Phone



I certify that the information in this application is true and authorize this scholarship committee to contact the listed references for further information.

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Parent's/Guardian's Signature and Date

**Return your completed application to:  
Toole's for School Scholarship Committee  
P.O. BOX 1213  
LILBURN, GEORGIA 30048**

**APPLICATION FOR SCHOLARSHIP CHECKLIST:**

**Please be sure that all of the following are completed prior to submitting application packet.**

\_\_\_\_\_ **Completed application typed or printed in black or blue ink**

\_\_\_\_\_ **Official transcript of high school grades**

\_\_\_\_\_ **Copy of SAT/ACT scores (unofficial copy is acceptable)**

\_\_\_\_\_ **Essays**

\_\_\_\_\_ **Letter of recommendation**