

# Mike Byrd Scholarship Application

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## STUDENT

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## EDUCATION

Name of university/college/vocational school you attend or plan to attend:  
\_\_\_\_\_

Major \_\_\_\_\_ Type of Degree \_\_\_\_\_

High School \_\_\_\_\_

Current GPA \_\_\_\_\_ Test Scores (if available) SAT \_\_\_\_\_ ACT \_\_\_\_\_

## PARENT

Name \_\_\_\_\_

Department/Agency \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please describe your goals in relation to your field of study (use a separate sheet if necessary):

Scholastic Honors: Include information on all endeavors in the sciences, honor societies, club involvement, community activities, volunteer work, etc. (use a separate sheet if necessary)

Please list any scholarships you have already been awarded:

<b>Scholarship Name</b>	<b>Amount</b>

<b>Projected Expenses</b>		<b>Projected Resources</b>	
Tuition & Fees		Parent's Contribution	
Room & Board		Student's Income	
Books & Supplies		Education Loans	
Transportation		Grants & Scholarships	
Personal Expenses		Savings	
Other		Other	
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**I certify that all of the statements contained herein are true and that false statements will automatically disqualify me from consideration.**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**