



# The Bobby Scruggs Charitable Foundation

P.O. Box 7811 • Roanoke, VA 24019 • 540-520-5555



*Never Give Up!*



## 2020 SCHOLARSHIP APPLICATION

(Please type or print.)

**SCHOLARSHIP ELIGIBILITY:** Must be completed by all applicants. (Information about scholarship requirements are for students enrolling in curriculum with motorsports career opportunities as a goal.)

The Scholarship provides assistance to individuals pursuing educational studies and have need of financial assistance. Student will demonstrate financial need. Student will be a graduating high school senior in Virginia. Student will enroll in an accredited technical or two-four-year institution of higher learning to pursue a career in motorsports or the automotive industry. Student will demonstrate capacity to satisfactorily complete college-level studies.

**APPLICATION DEADLINE:** March 16, 2020

**PERSONAL INFORMATION:** Must be completed by all applicants.

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Last 4 digits of SSN#: \_\_\_\_\_ Student ID # (if known): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of High School: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name: \_\_\_\_\_

**Please write why you feel you should receive this scholarship:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE BOBBY SCRUGGS CHARITABLE FOUNDATION

P.O. Box 7811 Roanoke, VA 24019 (540) 520-5555 jrsofva@lumos.net

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List in order of your preference the colleges or institutions to which you have applied and complete the additional information.

Name of College/University/Technical or Vocational School	2 or 4 year?	Accepted? Yes / No / Pending	Address	Cost (Tuition, Room and Board)

Anticipated annual educational costs: \$ \_\_\_\_\_ Household income: \$ \_\_\_\_\_

List dependents below. (Include children, relatives or others as reported on your income tax return.)

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of persons listed above who will be receiving training beyond high school this year: \_\_\_\_\_

List any financial assistance they are providing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide details on any additional extenuating circumstances that will further show your financial need.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATIONAL EXPERIENCE:** Must be completed by all applicants.

Please record your activities below (or attach your resume). List them in order of importance to you within each of the three categories.

Activity	# of years	Leadership position, letters earned, awards, recognition, etc.
<b>Academic / Scholastic Activities (clubs, student government, National Honor Society, etc.)</b>		
<b>Sports</b>		
<b>Community Activities (civic activities, clubs, volunteer work, faith activities, etc.)</b>		

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**EMPLOYMENT HISTORY:** Complete if applicable.

In the space provided below, please list paid work experience (including self-employment) **starting with the most recent**. Please record all the information required. Attach additional sheet, if needed.

Employer	Dates employed	Nature of work (including supervisory positions)

**APPLICATION STATEMENT**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship. I further certify that, if funds are received, they will be used only for the educational purposes for which they are granted. I also give permission for my high school to release any information necessary to process my application.

Applicant’s signature: \_\_\_\_\_

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

Parent or guardian signature: \_\_\_\_\_

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

## REQUEST FOR FINANCIAL INFORMATION

The Scholarship provides assistance to individuals pursuing educational studies and have need of financial assistance. The following information is required to assess the financial need of each applicant. It will be treated as CONFIDENTIAL and used ONLY for the purpose of application evaluation by the scholarship committee.

Please be sure to return with the application by the deadline: **March 16, 2020**

Anticipated Annual College Expenses		Parents' or Guardians' Anticipated Annual Income
Tuition and Fees	\$	Please visit the following website to fill out the appropriate application under which you fit using last year's information and <b>send to us with your application.</b>  Note: Only if you qualify as an "independent student" as defined at the website can you ignore your parents' or guardians' income.  <p style="text-align: center;"><a href="https://fafsa.ed.gov">https://fafsa.ed.gov</a></p>
Room and Board	\$	
Books and Supplies	\$	
Personal Expenses	\$	
Other Expenses	\$	
<b>TOTAL:</b>	<b>\$</b>	

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Name and address of Financial Aid Officer at your college (if known): \_\_\_\_\_

\_\_\_\_\_

I certify that the above financial information is an accurate depiction of my family's current financial resources.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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**SCHOLARSHIP RECOMMENDATION FORM**

TO BE COMPLETED BY SCHOLARSHIP APPLICATION DEADLINE: **March 6, 2020**

Applicant's name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ Phone number: \_\_\_\_\_

I, the undersigned, agree to waive all rights to view or challenge the content of this recommendation. I understand that this is a confidential document which may be released only to Foundation representatives for the sole purpose of determining my eligibility for scholarship assistance.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE**

Please rate applicant on the following characteristics.

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Unknown</b>
<b>Commitment to Academics</b>					
<b>Genuine Interest in Learning</b>					
<b>Writing Skills</b>					
<b>Verbal Communication Skill</b>					
<b>Likelihood of Academic Success</b>					
<b>Integrity / Honesty</b>					
<b>Leadership</b>					
<b>Handles Responsibility</b>					
<b>Independence / Initiative</b>					
<b>Social Behavior</b>					
<b>Empathy for Others</b>					



## COLLEGE / UNIVERSITY DESIGNATION FORM

### IMPORTANT INFORMATION REGARDING YOUR SCHOLARSHIP APPLICATION:

This form must be completed, signed and received by the Foundation by **MAY 15, 2020** in order to finalize consideration of your recent scholarship application. Receipt of this form does not indicate that you have been awarded a scholarship and failure to return this form will result in the application being considered incomplete.

#### MAIL TO:

The Bobby Scruggs Charitable Foundation  
P.O. Box 7811  
Roanoke, VA 24019

I have been accepted by and will attend / am attending the following college / university:

\_\_\_\_\_

I will commence / continue my education as a \_\_\_\_\_ (Full/Part time)  
Student on \_\_\_\_\_ (date).

If I am awarded a scholarship, please send my payment to the appropriate admissions, financial aid or business office at the address listed below. Please also fill in the school's contact name and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Last four digits of SSN #

\_\_\_\_\_  
Student ID # (if applicable)