



# Mattie L. Branch Scholarship Foundation

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

                    Last                                      Middle                                      First

Address: (No P.O.Box) \_\_\_\_\_

  (No.)                                      Street                                      City/State

Telephone: (    ) \_\_\_\_\_ email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ Yes \_\_\_ No

## EDUCATION

<u>Type of School</u>	<u>Address</u>	<u>No. of Years</u>	<u>Course of Study</u>
High School	City		

\_\_\_\_\_  
College/University      City

\_\_\_\_\_  
Vocational/Tech      City

\_\_\_\_\_  
Trade      City

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Other credentials or skills \_\_\_\_\_

Honors received, or additional information: \_\_\_\_\_

## WORK HISTORY

Are you currently employed? \_\_\_ Yes \_\_\_ No

Do you anticipate employment within the next 45 days? \_\_\_ Yes \_\_\_ No

### LIST EMPLOYMENT HISTORY FROM PRESENT TO PAST

<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>	<u>Salary &amp; Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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You must provide the sources and estimated amount of your financial income:

<u>ANNUAL SOURCE OF INCOME</u>	<u>AMOUNT:(estimate if needed)</u>
Grants (Money received from the Federal, State government)	_____
Scholarships	_____
Student Loans	_____
Expected Income from Employment	_____
Assistance from Family and Relatives	_____
Other Income	_____
<b>TOTALS</b>	<b>\$ _____</b>

What will your tuition expenses be this school year? \$ \_\_\_\_\_

Do you plan to live with your parent/s this school year?  yes  no

Do your parent/s claim you as a dependent on their tax returns?  yes  no

## REFERENCES AND LETTERS OF RECOMMENDATION

Please give names, addresses, and telephone numbers of three (3) references (other than a Mattie L. Branch Scholarship Committee member or Mattie L. Branch Scholarship Sponsor) who are not related to you. **Also, provide three (3) letters of recommendation, which can be from the list of references below** (from persons other than a Mattie L. Branch Scholarship Committee member or Mattie L. Branch Scholarship Sponsor and who are not related to you).

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name                      Address                      City                      State      Phone
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name                      Address                      City                      State      Phone
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name                      Address                      City                      State      Phone

## COLLEGE/UNIVERSITY INFORMATION

If you are awarded this scholarship, when do you plan to begin your school year?  
Please give month and year \_\_\_\_\_  
When do you expect to graduate? \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_



# Mattie L. Branch Scholarship Foundation

Contact at School: \_\_\_\_\_

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

## Accreditation

School accredited by (name of agency): \_\_\_\_\_

GPA: \_\_\_\_\_

Letter of Reference acknowledging volunteer work/community service will be one of the three letters of reference.

By signing this application you agree to adhere to all guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application due July 30, 2010

The Mattie L. Branch Scholarship Foundation  
c/o NANC  
PO BOX 20544  
Chicago, IL 60620  
773-262-1059