



Mattie L. Branch Scholarship Foundation

Name: _____

 Last Middle First

Address: (No P.O. Box) _____

 (No.) Street City/State

Telephone: () _____ - _____ e-mail: _____

Social Security #: _____ US Citizen? ___Yes ___No

EDUCATION

Type of School Address No. of Years Course of Study

High School City

College/University City

Vocational/Tech City

Trade City

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

Employer Address Dates Employed Salary & Position



Mattie L. Branch Scholarship Foundation

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	_____
TOTALS	\$ _____
What will your tuition expenses be this school year? \$ _____	
Do you plan to live with your parent/s this school year? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do your parent/s claim you as a dependent on their tax returns? <input type="checkbox"/> yes <input type="checkbox"/> 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



Mattie L. Branch Scholarship Foundation

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: (____) _____

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 must be postmarked by September 29, 2017

The Mattie L. Branch Scholarship Foundation
c/o N.A.N.C.
6508 S. Ashland Ave.
Chicago, IL 60636
ph: (872)731-4037