



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

<u>LIST EMPLOYMENT HISTORY FROM PRESENT TO PAST</u>			
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? __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



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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 30, 2021

The Mattie L. Branch Scholarship Foundation
c/o N.A.N.C.
6508 S. Ashland Ave.
Chicago, IL 60636
ph: (872)818-4554