

THE LURETTA RUTH TURNBULL MEMORIAL SCHOLARSHIP

SPONSOR:	The Nancy L. Nixon Foundation - A 501 (C)3 Tax Exempt Not For Profit Corporation
AWARD AMOUNT:	One Thousand Dollars (\$1,000) payable in one amount directly to the college/university where the student has been accepted.
ELIGIBILITY:	Any Senior scheduled to graduate this academic year
RESTRICTIONS:	Students must be accepted and attend an accredited two or four year college or university. Extra consideration will be given to students attending in state supported institutions.
SELECTION BY:	Tim Turnbull
FORMS:	The attached Application Form together with the foregoing documents. Applicants may include other materials for consideration.
FINANCIAL AID:	Extra consideration will be given to students with financial need but this is not a requirement for selection. Students who wish to be considered for financial need should submit the required information requested in the Application Form.
HELPFUL HINTS	Your academic record is very important but accounts for only half of the considerations in evaluating your application. Any student with reasonable grades has a chance to win this scholarship. Your essay should be very thorough. This is no time to be modest. Past accomplishments are important but so are your goals and aspirations. Try to avoid using "undecided" but if you do tell us why. Try to obtain at least one recommendation letter from someone who knows you other than your teachers.

We thank you for your application and extend our congratulations and best wishes on your upcoming graduation.

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APPLICATION FORM

FULL NAME _____ SOCIAL SECURITY NUMBER (last 4 digits) _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____ MALE _____ FEMALE _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

NUMBER OF SIBLINGS: YOUNGER _____ OLDER _____ NUMBER IN COLLEGE _____

WHAT HIGH SCHOOL ARE YOU ATTENDING _____

WHAT COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND _____

HAVE YOU MADE APPLICATION _____ HAVE YOU BEEN ACCEPTED _____ DATE OF ACCEPTANCE _____

HAVE YOU SUBMITTED THE FAFSA APPLICATION _____ IF NOT DO YOU REQUIRE ASSISTANCE _____

WHAT IS YOUR INTENDED FIELD OF STUDY IN COLLEGE _____

WHAT ARE YOUR CAREER GOALS _____

HAVE YOU ATTACHED: TRANSCRIPT AND/OR SAT/ACT SCORE _____

LETTERS OF RECOMMENDATION _____

HAVE YOU ATTACHED YOUR ONE PAGE, SINGLE SPACED, TYPEWRITTEN ESSAY _____

DID YOU INCLUDE ALL, OR MOST, OF THE FOLLOWING TOPICS IN YOUR ESSAY: SCHOOL ACTIVITIES SUCH AS SPORTS, BAND, CHOIR, CLUBS SUCH AS NHS, OFFICES HELD, HONORS OR LEADERSHIP RECOGNITIONS, PARTICIPATION IN ORGANIZATIONS OUTSIDE OF SCHOOL SUCH AS SCOUTING OR CHURCH, YOUR EXPERIENCE AS A VOLUNTEER IN THE COMMUNITY, YOUR PART TIME JOB WORK EXPERIENCE, HOW YOU SPENT OR SAVED MONEY YOU EARNED, ANY SPECIAL SITUATIONS IN YOUR FAMILY YOU WOULD LIKE FOR US TO KNOW ABOUT.

FINANCIAL INFORMATION AND PARENTS CERTIFICATION

(All information on this page to be treated in the most confidential manner)

Applicant's estimated expenses for the college academic year:

Tuition, Books, Fees \$ _____ Room/Board \$ _____ Other \$ _____ Total \$ _____

Applicant's estimated earnings next summer \$ _____ Next academic year \$ _____

Applicant's Savings Account \$ _____ Value of other scholarships received \$ _____

Financials are optional

Based on the most current tax returns - Parents Gross Income \$ _____ Tax Paid \$ _____

Tax Exemptions Claimed _____. Cash, Savings Accts, Stocks, Bonds- Est Total \$ _____

Please tell us of any unusual personal or economic situations in your family not included in your essay.

Signature of Applicant _____ Date _____

CERTIFICATION AND AUTHORIZATION

We have checked this form for omissions and errors. To the best of our knowledge and belief the information reported is correct. We authorize its confidential use by any appropriate scholarship committee.

Signature of Parent or Guardian _____ Date _____