

# EUNICE A. TURNER EDUCATION FOUNDATION SCHOLARSHIP APPLICATION

Please **PRINT** in dark ink or type. Read the instructions carefully. You must submit this application along with a copy of your transcript (**2.5 or higher**), three (3) letters of recommendations (cannot be from relatives), financial information (**copy of previous year 1040**), and a 500 **or less** word essay explaining your future goals along with any information that you feel will help us in our decision. Mail your application and requested articles of information **NLT July 15<sup>th</sup>** to the **Eunice A. Turner Foundation Selection Committee, PO Box 291048, Columbia, SC 29229.**

**Renewal: Prior Applicants submit with application, your transcript, financial information and letter of attendance from school.**

## PERSONAL INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (MI)

Permanent Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Mailing Address \_\_\_\_\_  
(If Different) (Number and Street) (City) (State) (Zip Code)

Home Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Household Members \_\_\_\_\_

Parents/Guardians/Spouse Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
(Number and Street) (City and State) (Zip Code)

Have you ever been convicted of felony? Y/N (if yes explain) \_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL INFORMATION

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Phone ( ) \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

List your Extra Curricular Activities (e.g. clubs, athletics, community services, etc.), Honors and Awards:  
\_\_\_\_\_  
\_\_\_\_\_

**High School Students Provide the Name of College** \_\_\_\_\_  
**Address** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)  
**Phone ( )** \_\_\_\_\_ (submit a copy of acceptance letter with application)

## FINANCIAL INFORMATION (Submit a copy of previous year 1040)

How much did you (and spouse, if applicable) earn in the previous year? (Wages, salaries, tips, etc)

\$ □□□, □□□.□□

How much did your parents earn from working in the previous year? (if applicable)

\$ □□□, □□□.□□

As of today, what is your / parents total current balance of cash, savings and checking accounts?

\$ □□□, □□□.□□

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, I agree to provide the requested information to verify the accuracy of the completed application. I understand that purposely giving false or misleading information will disqualify me from receiving this scholarship. I also understand that the Eunice A Turner Foundation reserves the right to publish my name on their website.