

# *blountAchieves*

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blountchamber.com/blountAchieves

## SCHOLARSHIP APPLICATION

Please Print Legibly

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Best method of contact (please check one):  Phone  Text  Email

Parent(s)/Guardian(s): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please indicate your family's maximum gross annual income.

0-\$25,000  \$25,001-\$50,000  \$50,001-\$75,000  \$75,000+

What is your father's highest education level?

Attended High School  High School Graduate/GED  Graduated College

What is your mother's highest education level?

Attended High School  High School Graduate/GED  Graduated College

Potential Field of Study: \_\_\_\_\_

ACT Score (if taken): \_\_\_\_\_ Date Taken/Anticipated: \_\_\_\_\_

**My signature indicates that I have read and understand the terms and conditions of this scholarship and that the information I provided is true to the best of my knowledge. My signature also authorizes blountAchieves to access any and all of my financial or educational records for a period of five years from the date of this application or until, subject to the terms of any scholarship, I submit a written revocation.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Applications must be submitted to the guidance office prior to the October 29, 2010 deadline.**