WILLIAM A. AND ALMA A. COOKE SCHOLARSHIP FUND

APPLICATION

Undergraduate – Transfer Student College Scholarship

1. Personal Information

Name:(First) (Middle) (Last)	
Address	
County of residence:	Are you a U. S. Citizen?
What school do you attend?	Grade level:Year
of graduation:	
Telephone number:	E-mail
Father's name:	Occupation:
Employe	r:
Mother's name:	Occupation:
Employe	r:
Number of family dependents (do	o not include parents):
Annual combined family income: (Attach copy of <u>Student Aid Report</u> , inc FAFSA)	:Expected family contribution:eluding expected family contribution, after completing
Number of dependents who will a	attend college this school year:
ducation Requirements	
What school do you attend?	Number of years completed_

Applicant's Signature	Date
I certify that the information contained in this application and any accompanyin documents is true, complete, and correct to the best of my knowledge.	
If I am selected as a recipient, I hereby give my permis Cooke Foundation to use my name, picture, narrative, awarded a scholarship for promotional purposes.	
5. Consent/Certification	
Attach a letter of recommendation attesting to moral chara-	acter.
4. Recommendation	
d) Is there any other information you think may be help committee (i.e. honors, certificates, community ser other than financial)?	
c) Why do you need financial assistance?	
b) What are your personal goals?	
a) What are your educational goals?	
On a separate sheet of paper, please answer the following que each question must be limited to one half page in length. Put each page.):	•
3. Essay Requirements	
(Attach a copy of your college financial aid letter.)	
Have you been accepted?Expected expenses (tuition	on, room & board):
What college do you plan to attend?	
GPA (attach transcript):	

APPLICATION DEADLINE: April 5, 2019

Return completed Application directly to: William A Cooke Foundation, P. O. Box 462, Louisa, Virginia 23093