

Billy Boswell Scholarship Fund, Inc.

Scholarship Application

I. **Eligibility Criteria.**

1. Student must be in top 50% of the Senior Class at Nottoway High School
2. Student must have played at least one sport during high school

II. **Personal Information.**

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

III. **Name of College Attending.** _____

IV. **Sports Played In High School.** _____

V. **Grade Point Average.** _____ **Rank.** _____ **out of** _____

VI. **Volunteer or Other Extra Curricular Activities.**

VII. **Honors or Achievements.**

VIII. **Financial Need.** Please provide your parent's "Adjusted Gross Income" as stated on your parents' combined Federal Tax Returns for each of the past three years:

Using the Expected Family Contribution (EFC) calculator on the www.collegeboard.com website, please provide the "Expected Family Contribution" under both the Federal Methodology (FM) and the Institutional Methodology (IM):

Expected Family Contribution (Federal Methodology): _____

Expected Family Contribution (Institutional Methodology): _____

IX. **Other Scholarships/Grants.** Please list all other scholarships you have received or expect to receive, including money awarded to you by your college:

X. **Certification.**

I certify that all the information on this form is true and complete to the best of our knowledge. I authorize the information contained in this application to be used by the Billy Boswell Scholarship Fund, Inc. (the "Fund"), in selecting persons to be awarded scholarships. I agree that the information contained in this application may be disclosed to the Nottoway Public Schools for purposes of verification of the information contained herein. If asked by the Fund, I agree to provide further documentation supporting and verifying the information provided on this form which may include copies of my or my parents' U.S. tax returns and/or state income tax returns. I realize that a failure to comply with a request for further information may prevent the application from being considered by the Fund. Except as provided herein, I understand that the financial information will be confidential, for review solely by members of the Fund's selection committee.

Applicant's Signature _____ Date _____

Parent of Applicant's Signature _____ Date _____