



TRACEY C. BARNES SCHOLARSHIP FUND, INC



SCHOLARSHIP APPLICATION

APPLICANT

Name		Last	First	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security No.
Address					Date of Birth	MM/DD/YY
Parent or Guardian					Your E-Mail Address	
High School					High School Address	
Counselor					High School Phone Number	
College you plan to attend					Planned Major Field of Study	
GPA weighted 4.0 scale	Ethnic Group (Optional) *check all that apply	<input type="checkbox"/> African American, Black			<input type="checkbox"/> Native American, Alaska Native	
		<input type="checkbox"/> Asian American (original country _____)			<input type="checkbox"/> Native Hawaiian, Pacific Islander	
		<input type="checkbox"/> Asian (country _____)			<input type="checkbox"/> Puerto Rican	
		<input type="checkbox"/> Hispanic, Latino (country _____)			<input type="checkbox"/> White or Caucasian	
		<input type="checkbox"/> Mexican American, Chicano			<input type="checkbox"/> Other (specify) _____	

Extracurricular Activities:

Please check your household income:

<input type="checkbox"/> Below \$15,000	<input type="checkbox"/> \$15,001-\$30,000	<input type="checkbox"/> \$30,001-\$50,000	<input type="checkbox"/> above \$50,000	Number of people in your household:
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REFERENCES

Name	Relationship	Phone Number	Address

I certify that the information contained in this application is true.

Applicant's Signature _____ Date _____