

# JOSHUA L. ANDERSON MEMORIAL FOUNDATION SCHOLARSHIP APPLICATION

INSTRUCTIONS TO APPLICANT: COMPLETE APPLICATION PRIOR TO  
APRIL 5, 2018. **MUST BE TYPED.** MAIL TO JOSHUA L. ANDERSON MEMORIAL  
FOUNDATION, P.O. BOX 19298, RENO, NV 89511.

**SELECTION CRITERIA:** Scholarships will be based on applicant's financial need, academic performance, extracurricular activities, level of accomplishments in a high school baseball or softball program and desire to earn a college education.

## I. PERSONAL INFORMATION:

1. Name: \_\_\_\_\_ 2. \_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

3. Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ 5. Birthdate: \_\_\_\_\_

## II. ACADEMIC INFORMATION:

6. High School: \_\_\_\_\_ 7. Graduation Date: \_\_\_\_\_

8. Overall GPA: \_\_\_\_\_ **(ATTACH COPY OF HIGH SCHOOL GRADES)**

9. College Test Scores:  
ACT: Composite: \_\_\_\_\_ SAT (CEEB) Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

10. College/ University you plan to attend: \_\_\_\_\_

11. Major area of study: \_\_\_\_\_

III. AWARDS, EXTRACURRICULAR ACTIVITIES

12. SCHOLASTIC AND SCHOOL AWARDS

_____	_____
_____	_____
_____	_____
_____	_____

13. STUDENT BODY AND/ OR CLASS OFFICES

_____	_____
_____	_____

14. ATHLETIC PARTICIPATION (Awards or Recognition)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. CLUB ACTIVITIES (Indicate offices held)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. COMMUNITY INVOLVEMENT OR SERVICE

_____	_____
_____	_____
_____	_____
_____	_____

17. EMPLOYMENT (Summer or Part-time)

_____	_____
_____	_____
_____	_____

18. ESSAY

On a separate typed sheet of paper, write an essay of 500 words or less on your high school experience, college goals, career plans and how this scholarship will help you complete college.

19. Documents to be submitted herewith:

- a. A recent photograph of applicant.
- b. Letter of recommendation (teacher, coach, counselor, employer)
- c. Any additional information which you feel is pertinent in considering you as a scholarship recipient.

TO BE COMPLETED BY PARENT OR GUARDIAN

20. Number of children in family: \_\_\_\_\_ List ages: \_\_\_\_\_

Number of children in college as of next fall: \_\_\_\_\_

21. Gross family income: \_\_\_\_\_ (Indicate by number below)

- (1) Under \$20,000      (2) \$20,000 - \$40,000      (3) \$40,000 - \$75,000
- (4) \$75,000 - \$100,000      (5) \$100,000 - \$150,000      (6) \$150,000 +

22. Does the applicant work? \_\_\_\_\_ Type of work: \_\_\_\_\_

23. Has the applicant received any other scholarships, awards or grants?

\_\_\_\_\_

\_\_\_\_\_

24. List below the estimated college expenses and income to meet these expenses.

<u>EXPENSES</u>	<u>INCOME</u>
Tuition: _____	Working: _____
Room & Board: _____	Aid from parent: _____
Books: _____	Scholarships: _____
Transportation: _____	Other aid: _____
Other (specify): _____	
Total: _____	Total: _____

25. If awarded a scholarship, is the applicant prepared to enroll in college this fall?

\_\_\_\_\_

PARENT/ GUARDIAN COMMENTS

The following is to be completed by the parent or guardian if the student is under 18 years of age.

I, the parent or guardian of \_\_\_\_\_  
approve of his/ her application for the Joshua L. Anderson Memorial Scholarship and authorize  
the school to release copies of school records necessary to complete this application.

Date: \_\_\_\_\_  
Parent or Guardian Signature

The following is to be completed by the student if he/ she is 18 years of age or older.

I authorize the school to release copies of school records necessary to complete this  
application.

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

The scholarship committee shall have the right to disqualify an applicant or a recipient on  
the basis of material misstatement on any part of the application form.