

# MARY ANNE BERLINER FOUNDATION SCHOLARSHIP GRANT

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Please submit the following to be considered for a scholarship:

- Completed application
- The most recent transcript of your high school or college grades
- A copy of your SAT and/or ACT results
- A one- to two-page biographical essay
- Three letters of reference submitted in sealed envelopes (two of which should be from teachers or school administrators if you are a graduating senior)
- A copy of your acceptance letter from educational institution (if not available, state reason)

## Please provide the following information:

1. Have you examined the requirements for this scholarship and do you feel that you meet the criteria? \_\_\_\_\_ Yes \_\_\_\_\_ No (if No, do not complete this application).
2. How long have you been a resident of southeastern New Mexico? \_\_\_\_\_
3. Name and location of educational institution to which you have applied:  
\_\_\_\_\_
4. What will be your major field of study? \_\_\_\_\_
5. What is your expected date of completion? \_\_\_\_\_
6. What will be the cost of your education on a semester, quarter, or other term basis?  
Tuition \_\_\_\_\_ Room and Board \_\_\_\_\_ Books \_\_\_\_\_  
Fees and Other Expenses (give details) \_\_\_\_\_  
\_\_\_\_\_
7. Date funding required \_\_\_\_\_
8. To the best of your knowledge, have you been awarded, or are you being considered for any other scholarships at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give name/ dollar amount: \_\_\_\_\_
9. Current Education Information: Level \_\_\_\_\_ (Secondary/Post Secondary)  
Current high school/college/other school \_\_\_\_\_  
Solid Grade Point Average \_\_\_\_\_ on a scale of \_\_\_\_\_  
Class rank \_\_\_\_\_ out of a class of \_\_\_\_\_  
Name of Principal or Counselor \_\_\_\_\_ Phone \_\_\_\_\_
10. Parent or Guardian information (if applicable). Parent's Marital Status: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

11. Annual Family Income: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

12. Are any other family members in college \_\_\_\_\_ If so, how many? \_\_\_\_\_

If applicable, please outline other siblings' ages and projected college plans:

\_\_\_\_\_  
*(This information may be pertinent in establishing financial need)*

13. Do you claim any dependents? \_\_\_\_\_ Give details \_\_\_\_\_

14. Your employment record. Please list most recent first/may attach additional sheets:

.Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position(s) Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Duties \_\_\_\_\_ Phone # \_\_\_\_\_

15. Please state any relationship you have to any current or prior member of the Foundation Committee or any employee of First National Bank \_\_\_\_\_

16. Honors, awards, and extracurricular activities in high school, college, or community as applicable (may attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please list the three references you are submitting in sealed envelopes, including address and phone number for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. On your one- to two- page biographical essay, please tell the Committee about yourself and your life to date, the type of career you plan to pursue upon completion of your education, and your future life goals. State why you are applying for this scholarship and why you feel you should receive it. Include any other information about yourself that you feel would be of interest to the Committee. Essays may be typed on a word processor or handwritten if legible and neat. Essay should be signed.

**I hereby certify that the information in the application is true and accurate to the best of my knowledge. I agree to permit the review of this application and my school records by anyone representing the Mary Anne Berliner Foundation.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

(only required if applicant is under Age 18)

*An incomplete application will not be accepted. Deadline for submission of application to the Berliner Foundation Committee is **March 15** annually. May be submitted through guidance counselor or directly to: First National Bank; P.O. Box AA, Artesia NM 88211.*