## **Timothy Larance McSwain Memorial Scholarship**

PMB #244 1305-A South Brundidge Street Troy, AL 36081

### APPLICATION PACKET REQUIREMENTS

- **1. Application form** must be completed to its entirety.
- **2. Recommendation form-** (2) recommendation forms must be completed by non-family members and must be secured in individual, <u>sealed</u> envelopes by persons providing recommendations.
- 3. Official copy of high school transcript or collegiate transcript
- 4. Official collegiate class schedule/admissions letter
- 5. Essay:
  - a. Topic: In order to grow in life, we must dream big. "What are your life dreams?"
  - b. Format: Double-spaced, 12 pt. font
  - c. Minimum 500 words
- 6. **Application packet deadline-** All of the above documents must be in **one complete packet** postmarked by **April 1, 2022** and mailed to the address listed above.

APPLICANT'S INFORMATION		
Name:		
Address:		
Phone: E	mail:	
Birthdate:	Gender: M/F (Circle)	
Current High School/College:	GPA:	
Collegiate Field of Study:	Degree:	
Extracurricular Activities: (resume' welco	med)	
To the best of our knowledge, the informatio valid. We agree to provide documentation ne	n provided on this application is deemed true and cessary for verification, if needed.	
Applicant's signature:		
Parent's signature	Date:	

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### **Recommendation Form**

The student named below has applied for a scholarship. In order to assist the scholarship committee in the selection process, please provide the information requested below. Upon completion, please return this recommendation form to the address listed above or return to the applicant in a **SEALED envelope**. This ensures confidentiality of your response. Recommendation forms must be postmarked no later than **April 1, 2022**.

Applicant Information	
Name:	
Address:	
Recommending Official's Informa	tion
Name:	TD: 11
Organization:	
Address:	Phone:
Recommendation	
How long have you known applicant	?
XX71 4 1 1 1 1.	40
Please write a personal reference of needed):	the applicant in your own words (attach additional page if
I affirm the information provided is	deemed true and valid.
Signature:	Date:

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Applicant Information	
Name:	
Address:	
Recommending Official's Informa	tion
Name:	TD: 11
Organization:	
Address:	Phone:
Recommendation	
How long have you known applicant	?
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Please write a personal reference of needed):	the applicant in your own words (attach additional page if
I affirm the information provided is	deemed true and valid.
Signature:	Date: