



2019-2020 Sybil B. Harrington Scholarship Application

*Current High School Seniors (From 26 counties of Texas Panhandle) To Attend an Accredited **Four-Year Texas University***

* All correspondence will be via email.

The following items MUST BE SUBMITTED AND ATTACHED to qualify you for consideration as an applicant for The Sybil B. Harrington Scholarship.

1. A completed and signed application.
2. An official transcript indicating your grade average through the Fall 2018 semester.
3. A copy of your official SAT or ACT test scores.
4. A completed recommendation form from a faculty member, counselor, advisor, or administrator. (FORM INCLUDED)
5. Completed Statement of Personal Need form and a copy of your 2017 income tax statement (1040.) (FORM INCLUDED)
6. Submit a two page, double-spaced narrative indicating your college plans and your future career plans. This statement should include at least the following but is not limited to these questions:
 - What is your planned major?
 - Why did you choose this field of study?
 - What do you plan as a career?
 - What are your goals or future expectations?
7. Recent headshot photograph is required. PHOTOS WILL NOT BE RETURNED.

All completed paperwork should be delivered to the following address:

Mail:
The Amarillo College Foundation
P.O. Box 447
Amarillo, TX 79178

or

In-person:
The Amarillo College Foundation Office, Room 204
College Union Building (CUB) 2nd Floor
Washington Street Campus

**Application and supplemental information must
reach the Foundation Office by February 1, 2019.**



2019-2020 Sybil B. Harrington Scholarship Application

P.O. Box 447
Amarillo, Texas 79178
Phone: 806-371-5107
Fax: 806-371-5370

To Attend an Accredited **Four-year Texas University**

Each blank space should contain a response.
If the answer is "None" or "Not Applicable," so indicate.

DATE _____

STUDENT INFORMATION

STUDENT'S FIRST NAME _____ MIDDLE _____ LAST _____

PERMANENT HOME ADDRESS _____ STREET OR P.O. BOX _____ CITY _____ ZIP CODE _____

HOME PHONE (INCLUDE AREA CODE) _____ CELL PHONE (INCLUDE AREA CODE) _____ SOCIAL SECURITY # _____

EMAIL ADDRESS (Please only list email address you use.) _____

COLLEGE YOU ANTICIPATE ATTENDING _____ ANTICIPATED COLLEGE MAJOR _____

HAVE YOU MADE APPLICATION FOR ADMISSION? YES NO _____ HAVE YOU BEEN ADMITTED? YES NO _____

Date of Graduation from High School: _____

MONTH _____ YEAR _____ NAME OF HIGH SCHOOL _____

DATE OF BIRTH _____	<u>RACE OR ETHNIC GROUP</u> <input type="checkbox"/> 1. AFRICAN AMERICAN <input type="checkbox"/> 2. HISPANIC <input type="checkbox"/> 3. ASIAN <input type="checkbox"/> 4. AMERICAN INDIAN <input type="checkbox"/> 5. WHITE/CAUCASIAN <input type="checkbox"/> 6. OTHER	<u>MARITAL STATUS</u> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER	<u>U.S. CITIZEN</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>TEXAS RESIDENT</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	* All Sybil B. Harrington applicants must be Texas residents and U.S. citizens
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SEX: M OR F

Parent and sibling information is not required for married and independent students.

FATHER'S FULL NAME _____ FATHER LIVING? YES NO _____

FATHER'S OCCUPATION _____ EMPLOYER _____

WORK PHONE # _____

MOTHER'S FULL NAME _____ MOTHER LIVING? YES NO _____

MOTHER'S OCCUPATION _____ EMPLOYER _____

WORK PHONE # _____

List below all the extra-class activities (outside classroom) in which you have participated during your last two school years, such as athletics, dramatics, school publications, social clubs, etc., including school offices you have held. (Use a separate sheet of paper if necessary.)

List below all prizes, awards, honors, and special recognition you have received during the last two years in school. (Use a separate sheet of paper if necessary.)

Are you presently applying for any other college scholarships? If so, list the name and amount of each scholarship.

List all scholarships and awards already won and amount of each.

Which scholarships are renewable? _____

Do you plan to work while attending college? YES NO

If so, how many hours?

I PLAN TO LIVE:

- DORMITORY
- PARENT'S RESIDENCE
- PROVIDE OWN HOUSING (APT. ETC.,)

IF MARRIED:

DATE OF MARRIAGE

SPOUSE'S NAME

NUMBER OF CHILDREN

I certify and represent that the information submitted in this application is true and correct and that falsifying any information will immediately terminate my eligibility for a scholarship.

APPLICANT'S SIGNATURE

DATE

SYBIL B. HARRINGTON SCHOLARSHIP - STATEMENT OF PERSONAL NEED

To be Completed by Parent or Legal Guardian Unless the Applicant is Independent

The Sybil B. Harrington Scholarship Program considers financial need as one of several factors in making award determinations. Each of the questions below **must** be completed.

1. Parent's Information (please check one):

- a. Parents are both living and married to each other. Answer questions on the rest of the form about both.
- b. Have a legal guardian. Answer questions on the rest of the form about the legal guardian.
- c. Parents are divorced or separated. Answer the questions on the rest of the form about the parent you lived with most in the last 12 months. For example, if you lived with your mother most, answer the questions about her, and not about your father. If you did not live with one parent more than the other in the last 12 months, answer in terms of the parent who provided the most financial support during that time. If neither parent provided greater financial support during the last 12 months, answer in terms of the parent who provided the greater support during the most recent calendar year. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)
- d. Parent is widowed or single. Answer the questions on the rest of the form about that parent.
- e. Independent Student. (Files own income tax). Student answers the rest of the questions for self.

2. Income for Parent or Legal Guardian (NOTE: Financial information is requested for fiscal year 2017 and not 2018.):

- a. 2017 total number of exemptions _____.
- b. 2017 Adjusted Gross Income from IRS 1040, 1040A or 1040EZ \$ _____

3. Supporting information:

- a. Number and names of dependent children in the family:

- a. Names and ages of family members who will be attending college in 2019-20 (excluding applicant):

- a. College(s) they will be attending:

Estimated college costs to the family in 2019-2020 (excluding applicant) \$ _____

Thank you for completing this information. Copies of the 2017 IRS 1040 form (1040, 1040A or 1040EZ) are required for application. (Additional schedules or backup documents are not needed.) Please mark out all SS #'s. If you fail to provide the requested IRS 1040 form, or if there is a major discrepancy between the form and the reported income, your child could lose her or his scholarship. Therefore, it is requested that you double check the information reported on this form.

PARENT/GUARDIAN NAME (TYPE OR PRINT)

PARENT/GUARDIAN SIGNATURE

DATE



2019-2020
Sybil B. Harrington Scholarship
High School Graduate Reference Form
Faculty, Advisor or Administrator

P.O. Box 447
Amarillo, Texas 79178
Phone: 806-371-5107
Fax: 806-371-5370

(REFERENCE FORM MUST BE TYPED AND THEN PRINTED)

NAME OF APPLICANT

HIGH SCHOOL

DATE

1. How long and in what capacity have you known the applicant?

2. Character (dependability, integrity, etc.):

3. Ambition (desire to achieve, seriousness of purpose):

4. General ability (mental and work capacity):

5. Wholesome attitudes with reference to authority and ability to work with others:

6. Unquestioned loyalty to our form of government:

7. In your own words, please state why you believe the candidate will be a success in college:

8. Do you think the candidate will need financial assistance to attend college? YES NO
If so, why?

9. Narrative statement, if any, supplementary to your response to the answers above.
(Use an additional sheet of paper if necessary.)

SIGNATURE OF REFERENCE

NAME

TITLE

ADDRESS

CITY/STATE/ZIP

PHONE (WITH AREA CODE)

EMAIL ADDRESS