

WEST ANNISTON FOUNDATION

ISIAH EVANS SCHOLARSHIP APPLICATION

ACADEMIC YEAR 2019-2020

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ STUDENT AGE: \_\_\_\_\_ Email address: \_\_\_\_\_

PARENT(S)/GUARDIAN INFORMATION (for applicants age 18 or younger)

FATHER'S FULL NAME \_\_\_\_\_

FATHER'S HIGHEST EDUCATION Level completed \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

MOTHER'S HIGHEST EDUCATION LEVEL completed \_\_\_\_\_

NUMBER OF Children (residing in home): \_\_\_\_ AGE & GENDER (Example: 15M, 13F):  
\_\_\_\_\_

NUMBER IN FAMILY ATTENDING COLLEGE NEXT SCHOOL YEAR (EXCLUDING YOURSELF): \_\_\_\_\_

Could you attend college without scholarship assistance? (Circle one) YES NO

List all scholarships/grants/ loans applied for:  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for Federal Financial Aid? (Circle one) YES NO

Most Recent College or High School attended: \_\_\_\_\_

Projected High School Graduation Date: \_\_\_\_\_

Projected College Graduation Date:

GED Certification Date \_\_\_\_\_

OTHER ACHIEVEMENTS: (awards, activities, clubs, honors, etc.)

---

---

COLLEGE/UNIVERSITY: 1st choice \_\_\_\_\_ Annual Cost \$ \_\_\_\_\_

2nd choice \_\_\_\_\_ Annual Cost \$ \_\_\_\_\_

I intend to prepare for a career in: \_\_\_\_\_

---

**INCOMPLETE OR PARTIAL APPLICATIONS ARE NOT ACCEPTED – ANSWER ALL QUESTIONS.**

These items **MUST** be submitted **WITH** this application (not sent separately):

- (1) GED Certification, High school or college transcript (unofficial is okay)
- (2) Essay on your career goals and your vision for the West Anniston Community (**250 word limit**)
- (3) Proof of ACT and/or SAT results for High School Graduates
- (4) FASFA Application Verification
- (5) Affidavit stating you have lived in West Anniston community for at least 36 months
- (6) Two letters of recommendation from someone other than a relative

CERTIFICATION AND AUTHORIZATION:

We declare that the information reported herein is true, correct and complete. We understand that false information or failure to provide documentation may result in denial or discontinuation of aid.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed application must be submitted to the West Anniston Foundation's Office by March 29, 2019, 4:00 PM, 800 Clydesdale Avenue, Anniston, AL 36201 or postmarked prior to March 29, 2019.