



## 2010-2011 Mary Allen Scholarship Fund

**TO STUDENT: Please complete the following information based on the current school year. All applicants must be full-time students enrolled at a four-year institution to be eligible. Deadline for submission of this application, including resume, should be postmarked before September 30, 2010. Be sure to verify that your institution has properly and fully completed the bottom portion of this form. Note: Spouses and children of Saint Thomas Christian College employees are not eligible for this program. NO APPLICATION WILL BE PROCESSED WITHOUT APPLICANT RESUME ATTACHED.**

Last Name, First Name, Middle Initial	Social Security Number	Date
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School Street Address	City, State, Zip	School E-mail Address	School Phone (Area Code)
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Home Street Address	City, State, Zip	Home E-mail Address	Home Phone (Area Code)
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US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black <input type="checkbox"/> American/Alaskan <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of 4-year Institution Attending	Cumulative GPA (or High School GPA, if Freshman)	Scale (e.g. 3.0 out of 4.0)	Expected Degree			Major Field of Study	Expected Date of Graduation
			BS	MS	PhD		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Are you currently (or were you ever) a Mary Allen Scholarship recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?	Have you ever worked at STCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what Business Group and year?
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Career Interests (Briefly state your short and long-term objectives. Feel free to use the back of this form.)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
My signature above indicates that I authorize school officials to release the below information to College, St Thomas for inclusion in my application for the Mary Allen Scholarship.

**TO INSTITUTION:**

- Student's cumulative GPA for the current school year \_\_\_\_\_ out of what scale (e.g. 3.0 out of 4.0) \_\_\_\_\_ .
- Estimated cost for tuition, books, and other tuition-related expenses (excluding housing) for the 2009-2010 school year \$\_\_\_\_\_ .
- List the name and the amount of scholarships/grants (excluding loans) the above student is receiving, or anticipates receiving, for the 2009-2010 school year.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
- Total of scholarships/grants for the school year \$\_\_\_\_\_
- Considering any scholarship/grant funds awarded and restrictions placed on the expenditure of those funds, what is the "tuition balance" for the school year? (Line #2 minus Line #4) \$\_\_\_\_\_
- If a Mary Allen Scholarship is awarded to this student, the check will be mailed directly to your institution. What is the name, title and mailing address of the individual to whom the check should be mailed? Checks will be sent overnight. The overnight carrier will not accept post office box numbers.

\_\_\_\_\_

\_\_\_\_\_

The signature, stamp, or seal below verifies the above student's full-time enrollment, scholarship, and GPA.

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: Contact persons above must be authorized to release student information.