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**COLLEGE STUDENT**

APPLICATION FOR YEAR 2012-2013

***THE WARREN and BETTY BURNSIDE FOUNDATION, INC.***  
***SCHOLARSHIP APPLICATION***

(Please type or print legibly)

1. NAME:        *Last Name*                      *First*                      *Middle*  
\_\_\_\_\_
  
2. HOME ADDRESS:  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
*County* \_\_\_\_\_
  
3. Telephone Number: (304) \_\_\_\_\_
  
4. Birth date: \_\_\_\_/\_\_\_\_/19\_\_\_\_      Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_
  
5. Sex (Male/Female) \_\_\_\_\_      # of year a resident of Harrison Co. \_\_\_\_\_
  
6. Names of Parents or Legal Guardian(s):  
Father: \_\_\_\_\_ Employer: \_\_\_\_\_  
Mother: \_\_\_\_\_ Employer: \_\_\_\_\_  
  
Family Income: (Check Mark) \_\_\_ \$5,000. - \$25,000. \_\_\_ \$25,000. - \$50,000.  
\_\_\_ \$50,000. - \$75,000. \_\_\_ \$75,000. - \$100,000. \_\_\_ \$100,000. - \$150,000.  
\_\_\_ \$150,000. - \$200,000. \_\_\_ \$200,000. +
  
7. Name of COLLEGE or SCHOOL that you ATTEND:  
  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Number of Years Attended: \_\_\_\_\_  
Are you a Resident on Campus \_\_\_\_\_ Do you Commute to Campus \_\_\_\_\_
  
8. This FALL you will ENTER CLASSES as: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior  
\_\_\_\_\_ Senior                      **\*\* Student ID # \_\_\_\_\_ \*\***

9. I have received *The Burnside Scholarship* for the past number of years:

_____ 2008/09	school year for	_____ \$2,000.	_____ \$2,000.
_____ 2009/10	school year for	_____ \$2,000.	_____ \$2,000.
_____ 2010/11	school year for	_____ \$2,000.	_____ \$2,000.
_____ 2011/12	school year for	_____ \$2,000.	_____ \$2,000.

10. **\*\*A COPY of GRADES for each semester in School must accompany this application.\*\***

Include cost of last years Tuition and Fees: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

11. List any Leadership Activities, Special Academic or Service Awards for which you are especially proud. **(DO NOT Include High School Activities)**

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12. (1) WRITTEN REFERENCE: from a Professor in the student's academic area and a letter from the Registrar's office to include official transcript and current schedule.

Professor's Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_



14. Provide a List of All Sources (including amounts) of Financial Assistance you have applied for or currently receiving from the Financial Aid Office. If tuition is fully funded by other sources, all monies awarded by the Burnside Foundation must be returned. **\*\*\* A LETTER FROM YOUR COLLEGE OF YOUR FINANCIAL ASSISTANCE \*\*\* See: Sample Letter**

	Applied for:	Currently Receiving
Federal Money	\$ _____	\$ _____
Promise Scholarship	\$ _____	\$ _____
Pell Grant	\$ _____	\$ _____
WV Grant	\$ _____	\$ _____
SEDG Grant	\$ _____	\$ _____
Any OTHERS		
	\$ _____	\$ _____
	\$ _____	\$ _____

I hereby certify that the information set forth in this application is true to the best of my knowledge. Further, I hereby give my permission for *The Warren and Betty Burnside Foundation, Inc., or its designated representatives*, to contact any financial Aid Officer, Guidance Counselor, or other advisor at any school in which I am enrolled, have been previously enrolled or to which I have made application for the purpose of soliciting and obtaining information which may be necessary or helpful to the Foundation in understanding my academic career and financial needs in connection with the processing of this application or for purposes of auditing the use of scholarship funds received as a result of application made to The Warren and Betty Burnside Foundation, Inc.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Return Application to:**

*The Warren and Betty Burnside Foundation, Inc.  
300 W. Pike Street  
Clarksburg, WV 26301*

**Application may be dropped in mail slot under the window at the office building**

**DEADLINE DATE by: March 15, 2012 \*\* NO EXCEPTIONS \*\***