

HIGH SCHOOL STUDENT

2 ½ x 3 ½
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APPLICATION FOR YEAR 2009-2010

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 _____
Telephone Number: (304) _____

3. **Date of Birth:** ___ / ___ /19 ___ **Social Security #** ___ - ___ - ___

4. **Sex (Male/Female)** ___ **# of years a resident of Harrison County:** _____

5. **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. +

6. **Name of HIGH SCHOOL that you attend:** _____

7. **Name of COLLEGE or SCHOOL you will attend this fall:**

8. **COPY of each of the following must be attached to this application:**

****American College Test (ACT), Scholastic Aptitude Test (SAT) and Transcript of GRADES****

9. **In the Space Below List your most important activities School, Church and Community including any Offices Held, Awards Received or Special Recognitions.**

10. **List any Employment:**

Number of Hours per Week:

11. **(3) REFERENCES: (TWO) must be from the school that you attend**

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

13. Provide a List of All Sources (including amounts) of Financial Assistance you have applied for or currently receiving.

	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 for March 15, 2009 *** NO EXCEPTIONS ***

***** DO NOT PUT THIS APPLICATION IN A FOLDER OR BINDER *****