

**FRANKLIN COUNTY CHAMBER OF COMMERCE  
JIM WEBB SCHOLARSHIP  
DEADLINE  
APRIL 6, 2012**

**\*\*Application must be completed, no resumes\*\***

**FRANKLIN COUNTY CHAMBER OF COMMERCE**  
**JIM WEBB SCHOLARSHIP APPLICATION**

(Print or Type)

Students Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Students Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Principal/Counselor Signature: \_\_\_\_\_

College, University or other educational institute student plans to attend. (Indicate name and location of school)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Applicant Number \_\_\_\_\_  
(To be completed by Chamber)





**FINANCIAL NEED**

Please complete the information requested below for financial need determination. (This information is considered completely confidential)

1. Number of dependents in household on last year's income tax return: \_\_\_\_\_

2. Gross family income as filed on last year's income tax return: \_\_\_\_\_

3. Adjustable gross family income as filed on last year's income tax return: \_\_\_\_\_

4. List the total number of dependents who will be attending college (including yourself) during the fall semester of the upcoming year: \_\_\_\_\_

Please provide any additional information or explanation in the space below to clarify any circumstances which will affect your financial ability to attend college during the upcoming year.

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**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES**

Organizations and Clubs:

(Indicate years of involvement and any offices held)

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Honors and Awards:

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