

**Applicant:** \_\_\_\_\_  
**Last** **First** **Middle**

## **LINLY HEFLIN SCHOLARSHIP APPLICATION APPLICANT INSTRUCTIONS**

The Linly Heflin Scholarship Committee grants four-year scholarships in the amount of \$4,000 per year to a limited number of applicants who have both significant economic need and a sound academic record. Scholarships are restricted to Alabama women attending a four-year Alabama college or university. The completed application form and supporting documents must be mailed to the Linly Heflin office and must be **postmarked by January 9, 2017**.

**Please check that the following documents are included:**

1. \_\_\_\_\_ A personal statement describing yourself and your educational goals.
2. \_\_\_\_\_ A copy of your high school or college transcript including the Fall transcript. If your most recent Fall transcript is not available by the deadline, it can be sent separately.

Please indicate when it will be sent: \_\_\_\_\_

3. \_\_\_\_\_ Two letters of recommendation from teachers or adult friends.

(If letters are not mailed with application they must be **postmarked by January 9, 2017**.)

4. \_\_\_\_\_ A small photograph, approximately 2" x 3", with your name on the back.
5. \_\_\_\_\_ A copy of your family's most recent Federal Income Tax Return (1040 form).

**\*\* FINAL DEADLINE FOR APPLICATIONS AND SUPPORTING DOCUMENTS -  
POSTMARKED JANUARY 9, 2017 \*\***

**Any application not including all of the above items will be considered incomplete and will not be considered in the review process. Please be sure to inform the Scholarship Co-Chairman of any changes in e-mail or cell phone numbers during application process.**

Send applications to:

**Linly Heflin Scholarship Committee  
13 Office Park Circle Suite 8  
Birmingham, AL 35223**

The Scholarship Committee will review your application and notify applicants who are selected for interviews by the middle of February. Interviews will be held in Birmingham, AL on Saturday, March 4, 2017 between 9:00 a.m. - 12:00 p.m.

Please direct any questions to the Linly Heflin Scholarship office at 205-871-8171 or email the Scholarship Co-Chairman at [linlyheflinscholarship@gmail.com](mailto:linlyheflinscholarship@gmail.com) .

# LINLY HEFLIN SCHOLARSHIP APPLICATION

## PERSONAL INFORMATION

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Name: Miss/Mrs.

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(First) (Middle) (Last) Preferred Name

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Home Address

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City

State

Zip

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

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Are you an Alabama resident? \_\_\_\_\_

Have you applied for a Linly Heflin Scholarship before?

No \_\_\_ Yes \_\_\_ If yes, what year \_\_\_\_\_

Were you a 2016 Linly Heflin Grant Recipient? Yes \_\_\_\_\_ No \_\_\_\_\_

**SCHOOL INFORMATION**

\_\_\_\_\_

Current High School or College

\_\_\_\_\_

Address

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

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

Counselor's Name \_\_\_\_\_

Counselor's Email \_\_\_\_\_

GPA \_\_\_\_\_ Class Size \_\_\_\_\_

Class Rank \_\_\_\_\_ If number one, how many number ones are there? \_\_\_\_\_

ACT \_\_\_\_\_ (Minimum score 23 required)

SAT \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_

College attended, if any \_\_\_\_\_

Choice of Alabama college/university for Linly Heflin Scholarship

\_\_\_\_\_

Have you applied for admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Class Entering in Fall 2017: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Proposed Major: \_\_\_\_\_

Honors and Activities in High School or College (You may attach a resume or an additional sheet if more space is needed):

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Hobbies and Interests:

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**FINANCIAL INFORMATION**

Information regarding those with whom you live: Parents/Guardians or Spouse

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Father/Guardian

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Education Level

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Occupation

Employer

Income Reported for Federal Income Tax Purposes \_\_\_\_\_

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Mother/Guardian

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Education Level

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Occupation

Employer

Income Reported for Federal Income Tax Purposes \_\_\_\_\_

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Spouse (if applicable)

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Education Level

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Occupation

Employer

Income Reported for Federal Income Tax Purposes \_\_\_\_\_

Members of immediate household supported by parents/guardians:

Name	Age	Relation	School/Grade	Scholarships (if any)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estimate of parent/guardian contribution to college expenses per year \$ \_\_\_\_\_

If parents are separated or divorced, will you receive assistance from the parent with whom you do not live? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Amount other relatives will contribute to your college support \_\_\_\_\_

Amount spouse will contribute to your college support \_\_\_\_\_

Are there any extraordinary expenses in your family? (illness, debts, etc.) Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be receiving PACT funds? \_\_\_\_ Yes \_\_\_\_ No

If yes, total amount \_\_\_\_\_

Have you completed or do you plan to complete the FAFSA Federal Aid application? \_\_\_\_ Yes \_\_\_\_ No

Please list any other scholarship aid you have been granted:

Scholarship/Grant \_\_\_\_\_ Amount Per Year \$ \_\_\_\_\_  
Number of Years? \_\_\_\_\_

Scholarship/Grant \_\_\_\_\_ Amount Per Year \$ \_\_\_\_\_  
Number of Years? \_\_\_\_\_

Scholarship/Grant \_\_\_\_\_ Amount Per Year \$ \_\_\_\_\_  
Number of Years? \_\_\_\_\_

Have you applied or been recommended for other scholarships? \_\_\_\_\_ If yes,  
please list below:

\_\_\_\_\_  
\_\_\_\_\_

Full or part-time jobs you have had or currently have:

Employer	Beginning / Ending Dates of emp.	Hrs per week	Salary
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to work while in school? \_\_\_\_\_

Will you need funds for room and board or will you live at home?  
\_\_\_\_\_

**We, the undersigned, certify that the information we have submitted is true and correct.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date