



## **TOGHOTTHELE SCHOLARSHIP APPLICATION**

### **Personal Information**

Applicant Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Mailing Address While at School: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **School Information**

Name of School: \_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_

Financial Aid Office Phone Number: \_\_\_\_\_

Certificate or Degree Sought: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Expected Date of Graduation / Completion: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Class Standing (Fr., So., Jr., Sr.): \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Previous Semester's GPA: \_\_\_\_\_

### **Application Checklist**

- Complete Application Form
- 1 Page Cover Letter
- Minimum of 2 Letters of Recommendation
- Current Official Transcripts
- Letter of Acceptance / Enrollment Verification (First time applicants only)
- High School Transcripts (First year students only)

I hereby attest that the information contained in this application is true, correct, and complete. I have read and understand the Toghoththele Scholarship Guidelines and acknowledge that it is my responsibility to contact Toghoththele to ensure my file is complete by the appropriate deadline.

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

\_\_\_\_\_  
Date