|  |  |  |  |
| --- | --- | --- | --- |
| **THE JIM CLAXTON SCHOLARSHIP FUND**Application FORM | | | |
| Applicant Information | | | |
| Last Name: First Name: Middle Initial: | | | |
| Date of Birth: | Gender: Female Male | US Citizen(Y or N): | |
| If not a United States Citizen, list your type of legal United States residency: | | | |
| Current address: | | | |
| City: | State: | Zip Code: | |
| Phone Numbers Cell: Home: | | | |
| Current or Intended Field of College Level of Study: | | | |
| College or University you will be attending this fall: | | | |
| Address: |  |  | |
| City: | State: | Zip Code: | |
| Will you be taking 12 or more credit hours this coming semester? | | | |
| List any academic awards, extracurricular activities, leadership roles, etc. that you would like to be considered for this scholarship. | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| Signature of Applicant: | | | Date: |