



# CELEBRATE MUNFORD, INC.

P.O. Box 1257

MUNFORD, TENNESSEE 38058

## APPLICATION

1. Name of Applicant: \_\_\_\_\_  
First Middle Last

2. Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

3. Permanent Address (if different from above): \_\_\_\_\_

4. Has the applicant been a resident of Tennessee for at least one year prior the date of application?  
( ) Yes ( ) No

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Age: \_\_\_\_\_ Gender: ( ) Male ( ) Female 7. Contact Number: \_\_\_\_\_

8. Institution Planning to Attend: \_\_\_\_\_

9. Enclose with your application the following:
- Copy of high school transcript
  - Score of ACT, SAT, or other applicable test scores
  - Financial Need Form
  - One-page essay stating why you want this scholarship and your plans/ career choice
  - List of extra-curricular activities and offices held in each
  - Color photo (if selected, photo will be posted on website – head and shoulder shot referred)
  - List any and all scholarships and financial aids you will be receiving
  - List Celebrate Munford, Inc. participation

10. This is to certify that I have known this student for at least one semester. From this acquaintance and association, I certify that he/she is of good moral character. I further certify that the applicant has shown a definite interest in furthering his/her education and would be deserving of this award.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Teacher

11. I certify that all information contained in this application is correct and current to the best of my knowledge.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Parent/Guardian Date

*This scholarship is made possible by Celebrate Munford, Inc.*