

The Columbus Phipps Foundation

"Helping to Make Dreams Come True in Dickenson"

166 Clintwood Main Street
Clintwood, Virginia 24228

Director:
Paul D. Buchanan

Trustees:
Jerry Artrip
Dr. Jewell Askins
Michael Strouth
Clarence Phillips

Application for Scholarship

Student's Personal Information: All blanks must be completed and all information furnished before application will be processed. If not applicable, write N/A.

Name: _____ Soc. Sec. Number _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Telephone: _____ E-Mail Address _____

Character References:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone _____

Address: _____

Dickenson County H. S. graduated from or which you will graduate from _____

Year of graduation from high school _____

College you will be attending in up-coming Semester: _____

Will your courses be On-Line? _____

Telephone: 276-926-8152

E mail: cpf@dcwin.org

Fax: 276-926-8152

Year in College: _____ Semester Hrs. completed _____ GPA _____

Will you be a full time student? _____ If not, number of hours/ semester. _____

Please note: No grant will be given for less than 6 semester hours or two classes.

Intended major field of study: _____

Extracurricular activities _____

Honors and awards _____

Work experience: _____

Address of College Financial Aid Office : _____

Telephone number: _____

ACT or College Board Score: _____ Date taken: _____

Pell Grant Index (EFC) _____ (Attach a copy of the form with the expected family contribution number. Applications will not be processed until this information is received.)

College Expenses ----- proposed budget:

Tuition and required fees (regular school year)	\$ _____
Books	\$ _____
Housing and Meals if living on campus	\$ _____
If a commuting student, specify other expenses.	\$ _____

Sources of Funds for Education:

Personal earnings	\$ _____
Other scholarships and grants (not including Phipps)	\$ _____
Work-Study Program	\$ _____
Other Sources (not including Parents)	\$ _____

Comments: In fifty words or less, tell about your future plans and why you are requesting funds to continue your education. Also, tell where you plan to practice your profession or skills? How will this benefit others? (Use a separate page if additional space is needed.)

APPLICANT'S STATEMENT: I hereby acknowledge that the information contained on this form is true and correct.

Signature of applicant

***** **Applications due on or before May 15** *****
***** Scholarships and grants will be awarded on or before July 1 *****

Mail applications to:

The Columbus Phipps Foundation
P.O. Box 1145
Clintwood, VA 24228

Scholarships and grants will be awarded on an objective and non-discriminatory basis. The Columbus Phipps Foundation will keep information on this application confidential.

Parent's or Guardian's Personal Information: Please fill in all blanks that apply and place NA in those that are not applicable. Wrong answers or withheld information may disqualify the applicant.

Name of Parents, guardian or spouse: _____

Mailing address: _____
Number & Street or P.O. Box City State Zip Code

Telephone: _____
Home Work (father) Work (mother)

Information reported on most recent income tax form: upon request, you may need to furnish a copy of this return.

If filing separate returns:

Father's gross income \$ _____
Mother's gross income \$ _____

Spouse's gross income \$ _____
If filing joint returns – gross income \$ _____

Total Income \$ _____

Total number of dependents (as shown on tax return) _____

Names of dependents in College _____

Names of colleges other dependents attending:

_____ Approx. cost \$ _____
_____ Approx. cost \$ _____

Comments: If there have been any changes in income or other information since the filing of your recent income tax forms, please give these changes in this area. Also explain any unusual financial circumstances.

PARENT'S STATEMENT: We have checked this form and hereby certify that this information is true and correct (to be signed by both parents or guardians).

Date _____ Signature _____

Signature _____

The parent's part of the application is to be returned with the student's application.

The Columbus Phipps Foundation will keep information on this application confidential.

RELEASE OF FINANCIAL AID INFORMATION

I request that _____
(College or University)

release to The Columbus Phipps Foundation information concerning financial aid that
I will be receiving during the up-coming academic year.

Signed _____

Printed Name _____

SS# _____

Date _____

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166 Clintwood Main Street
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E mail: cpf@dcwin.org

Fax: 276-926-8152

*The Columbus Phipps Foundation
Was endowed in 1993 by
Ms. Beulah G. Phipps
In memory of her father,
Columbus Phipps.
Other contributions were made by
Granddaughters Carol Phipps Buchanan
And Jean Lui Phipps.*

*The purposes of the Foundation are to provide
Assistance to worthy non-profit organizations,
Cultural enrichment of residents of Dickenson County, VA
And to improve the educational opportunities of the citizens of the county.*

*The Columbus Phipps Foundation
Hopes to benefit the community by encouraging
The students receiving grants and scholarships
To remain in or return to
Dickenson County
To provide
Much needed services
For the residents.*