



**THE GEORGE M. CRUISE CHARITABLE FOUNDATION  
SCHOLARSHIP APPLICATION  
(PLEASE TYPE OR PRINT)**

NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
Last First Middle Initial

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ SEX: \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_  
Number and Street or Post Office Box

\_\_\_\_\_ City State Zip Code

NAME OF PARENTS OR LEGAL GUARDIAN: \_\_\_\_\_  
Last First Middle Initial

NAME OF SPOUSE (IF APPLICABLE): \_\_\_\_\_  
Last First Middle Initial

ADDRESS (IF DIFFERENT): \_\_\_\_\_  
Number & Street or Post Office Box

\_\_\_\_\_ City State Zip Code

NUMBER LIVING IN HOUSEHOLD: \_\_\_\_\_  
\*Adults Children under 18 Other Children in College  
**\*Not including applicant**

HIGH SCHOOL ATTENDED: \_\_\_\_\_

\_\_\_\_\_ Name  
City State Zip Code Phone Number

COLLEGE YOU PLAN TO ATTEND: \_\_\_\_\_  
Name

\_\_\_\_\_ City State Zip Code Phone Number

ESTIMATED EXPENSES: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Tuition Books Transportation  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Room & Board Supplies Child Care  
\$ \_\_\_\_\_  
TOTAL (ANNUALLY)

OTHER FINANCIAL ASSISTANCE APPLIED FOR: \_\_\_\_\_

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COLLEGES ATTENDED OR ATTENDING (INCLUDING DATES AND ADDRESSES): \_\_\_\_\_

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COLLEGE STATUS (PLEASE CIRCLE ONE): FRESHMAN      SOPHOMORE      JUNIOR      SENIOR

MAJOR: \_\_\_\_\_

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EXTRACURRICULAR ACTIVITIES [INCLUDING NAME OF ORGANIZATION, OFFICES HELD, AND DATES]:

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AWARDS RECEIVED (SCHOOL AND/OR SERVICE RELATED): \_\_\_\_\_

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POST-COLLEGE GOALS: \_\_\_\_\_

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JOBS HELD AND EMPLOYER'S OR SUPERVISOR'S NAME(S) AND DATE(S): \_\_\_\_\_

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HOBBIES OR SPECIAL INTERESTS: \_\_\_\_\_

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COMMENT ON A PHILOSOPHY, PERSON AND/OR ACTIVITY THAT HAS CONTRIBUTED MOST TO YOUR PERSONAL GROWTH:

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WHAT ARE YOUR REASONS FOR APPLYING FOR A SCHOLARSHIP? \_\_\_\_\_

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WHY DO YOU FEEL THAT YOU SHOULD BE CONSIDERED AS A RECIPIENT? \_\_\_\_\_

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IS THERE A FINANCIAL NEED? \_\_\_\_\_

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ARE YOU A FIRST-GENERATION COLLEGE STUDENT:      YES \_\_\_\_\_      NO \_\_\_\_\_

LIST THREE REFERENCES (INCLUDING NAME, ADDRESS, TELEPHONE NUMBER AND OCCUPATION):

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**(INCLUDE A LETTER OF RECOMMENDATION FROM ONE OF THE ABOVE WITH YOUR APPLICATION)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**MUST BE COMPLETED BY HIGH SCHOOL COUNSELOR OR COLLEGE REGISTRAR**

STUDENT'S NAME: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_

CLASS STANDING: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

NUMBER IN CLASS: \_\_\_\_\_

TEST SCORES: \_\_\_\_\_  
ACT Composite

SAT: Critical Reading \_\_\_\_\_

Math \_\_\_\_\_

Writing \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
School/College Providing the Above Information

Date: \_\_\_\_\_

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**TO BE CONSIDERED, APPLICATION MUST INCLUDE THE HIGH SCHOOL TRANSCRIPT AND EITHER THE ACT OR SAT SCORES, ONE LETTER OF RECOMMENDATION AND THE SIGNATURE OF COUNSELOR OR REGISTRAR. PLEASE RETURN BY MARCH 15 TO:**

**GEORGE M. CRUISE CHARITABLE FOUNDATION  
FIRST COMMUNITY BANK  
TRUST SERVICES  
PO 950  
BLUEFIELD WV 24701-0950**