

THE DONALD and ITASKER THORNTON

MEMORIAL SCHOLARSHIP

te: PLEASE TYPE OR PRINT C	CLEARLY. THE SELECTION	School Year ARLY. THE SELECTION OF RECIPIENTS WILL BE INFLUENCED BY HE REPLY.					
meLAST	FIRST		MIDDLE				
ldress							
Idress NUMBER & STREET	CITY	STATE	ZIP CODE				
me Telephone Number ()_	<u> </u>						
ETHNIC INFORMATION-	Please Circle ONE of the follow Latino-American	_	Caribbean-American				
Native Amer	rican Oth	ner	_				
gh School		LOCATION					

III. PERSONAL STATEMENT [minimum 500 word Essay].	Please describe your family background (i.e.
parents, grandparents, siblings), any personal and/or economic	disadvantages, honors or academic distinction
and community involvement/activities.	

Recent

Photo Required

Scholarship	Information Checklist
[School Year]

A <u>Completed</u> application includes the following Five (5) comp	onents	compone	5) com	(5)	Five	ing	llowi	e fo	th	udes	incl	ation	applic	pleted	(Com	A
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- 1. **A Student Application Form-** Please complete ALL sections of the Application Form and provide signature of applicant on last page.
- 2. <u>An Official High School Transcript</u>- Final Grades received in the core courses and school's calculated GPA over a 3½ year period.
- 3. <u>Documentation of Family Income</u> or a most recent copy of parents' Income Tax statement. Note: Individual W-2 Forms will **NOT** be accepted.
- 4. <u>THREE (3) letters of Recommendations-</u> ALL letters must be from teachers or faculty members. Each letter must include the capacity by which the person has known the applicant and for how long. EACH letter must be signed and sealed with the author's signature across the sealed portion of the envelope.
- 5. ONE (1) College Acceptance Letter—Letter must be from an accredited four-year college or university.

ALL Five (5) of the above Components MUST be SENT TOGETHER in the SAME envelope <u>and</u> the envelope <u>must</u> be <u>postmarked NO LATER THAN May 7</u>, of each calendar year. An application shall be identified as INCOMPLETE if any of the Five components are missing or the original envelope is postmarked After May 7, of each calendar year. INCOMPLETE applications shall NOT be considered for any reason.

I hereby certify that all information submitted	n this application is true to the best of my knowledge
SIGNATURE of APPLICANT	DATE

Return ALL application materials **TOGETHER** in **ONE** envelope to:

THE THORNTON SISTERS FOUNDATION, INC. P.O. Box 21 Atlantic Highlands, New Jersey 07716-0021

T.S. Foundation Office: 732-872-1353 Web Page: www.thornton-sisters.com