

**TOLBERT CHILDREN'S EDUCATIONAL BENEFIT
SCHOLARSHIP PROGRAM APPLICATION**

Assisting Tolbert children in realizing their full potential
A Product of the Tolbert Qualified Settlement

ELIGIBILITY REQUIREMENTS

To be eligible for this Scholarship, the applicant:

- MUST be a Tolbert claimant and/or the child, grandchild, or legal ward of a Tolbert claimant;
- MUST be a senior in high school accepted to study at an accredited university or trade school in the U.S. for the upcoming academic year OR a college freshman, sophomore or junior OR a college senior accepted to study at a graduate program at an accredited university in the U.S. OR a current enrollee in a graduate program; and
- MUST have and must maintain a cumulative Grade Point Average of no less than 2.0 on a 4.0 scale.

PERSONAL INFORMATION

I am a Tolbert Claimant

I am a Legacy Claimant

(i.e., I am not a Tolbert claimant, but I am the child, grandchild, or legal ward of a Tolbert claimant and can provide supporting documentation)

Name: (Last, First, MI): _____ SSN: ___ - ___ - ___

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

(Please note that the SS# number of your parent/ guardian need only be provided if you are claiming to be a Legacy Claimant- i.e., you are not a Tolbert claimant, but you are the child, grandchild, or legal ward of a Tolbert claimant. All other information must be provided whether you are a Tolbert or a Legacy claimant)

Parent/ Guardian Name: (Last, First, MI): _____ SSN: ___ - ___ - ___

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

2nd Parent/ Guardian Name: (Last, First, MI): _____ SSN: ____-____-____

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

If I am a legacy claimant, I have provided the following documentation:

- Court document awarding permanent/temporary custody
- Foster care and/or adoption documentation
- Other (please describe in detail): _____

Number in Household in 2007:
1 2 3 4 5 6 7 8 9 10 More than 11

Number in Household in 2008:
1 2 3 4 5 6 7 8 9 10 More than 11

Household Income for 2007:

<input type="checkbox"/> \$0-\$10,000	<input type="checkbox"/> \$61,000-\$70,000	<input type="checkbox"/> More than \$100,000
<input type="checkbox"/> \$11,000-\$20,000	<input type="checkbox"/> \$71,000-\$80,000	
<input type="checkbox"/> \$21,000-\$40,000	<input type="checkbox"/> \$81,000-\$90,000	
<input type="checkbox"/> \$41,000-\$60,000	<input type="checkbox"/> \$91,000-\$100,000	

Household Income for 2008:

<input type="checkbox"/> \$0-\$10,000	<input type="checkbox"/> \$61,000-\$70,000	<input type="checkbox"/> More than \$100,000
<input type="checkbox"/> \$11,000-\$20,000	<input type="checkbox"/> \$71,000-\$80,000	
<input type="checkbox"/> \$21,000-\$40,000	<input type="checkbox"/> \$81,000-\$90,000	
<input type="checkbox"/> \$41,000-\$60,000	<input type="checkbox"/> \$91,000-\$100,000	

I am a product of a single parent household: Yes No

I was raised by my grandparent: Yes No

ACADEMIC PROFILE:

High School: _____
Name Street City State Zip Code

Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all extracurricular activities:

List all honors and other distinctions:

College:

Name	Street	City	State	Zip Code
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Commencement Date: _____ Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all extracurricular activities:

List all honors and other distinctions:

Graduate Institution:

Name	Street	City	State	Zip Code
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Commencement Date: _____ Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all extracurricular activities:

List all honors and other distinctions:

ESSAYS

1. Please describe in two hundred and fifty (250) words how you honestly feel the *Tolbert* case has impacted your community (Please feel free to use additional pages):

2. Please provide a five hundred (500) word, double-spaced, typewritten autobiographical essay. Please include your career aspirations, and your most significant achievements.

DISCLOSURE

The information provided in this form will only be disclosed to those Tolbert officials who are to determine your eligibility for a scholarship, and will not be available to any third parties without your express approval.

I, _____, a Tolbert claimant and/or Legacy claimant represent that all of the information provided herein is true and accurate to the best of my knowledge, and that I have disclosed said information in applying for an academic scholarship from the West Anniston Medical Clinic, Inc. I am also aware that if I am granted a scholarship, the amount granted is not appealable, nor is the determination as to whether or not I receive a scholarship award appealable.

Applicant Name (Print)

Date

Applicant Signature

Date

I, _____, am the Guardian/Parent of a Tolbert claimant and/or Legacy claimant and I represent that all of the information provided herein is true and accurate to the best of my knowledge, and that my child/ward has disclosed said information in applying for an academic scholarship from the West Anniston Medical Clinic, Inc. I am also aware that if my child/ward am granted a scholarship, the amount granted is not appealable, nor is the determination as to whether or not I receive a scholarship award appealable.

Guardian/Parent Name (Print)

Date

Guardian/Parent Signature

Date