



# SCHOLARSHIP APPLICATION

TEAM TINA FOUNDATION, INC. (530) 432-8048  
PO BOX 787  
PENN VALLEY, CA 95946

a non-profit foundation

APPLICANT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PHONE#: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
GRADUATION DATE: \_\_\_\_\_ (or) GED DATE: \_\_\_\_\_

## PLANS AND GOALS:

EDUCATIONAL GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL OR VOCATIONAL GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL CHOICES: \_\_\_\_\_  
\_\_\_\_\_

EXPLAIN WHY YOU BELIEVE YOU QUALIFY FOR THE SCHOLARSHIP:

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MISCELLANEOUS: Are there other circumstances you would like the Scholarship Committee to consider? (What other information do you want the committee to know)?

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HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_



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