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| **THE JIM CLAXTON SCHOLARSHIP FUND** Application FORM  |
| Applicant Information |
| Last Name: First Name: Middle Initial:  |
| Date of Birth:  | Gender: Female Male | US Citizen(Y or N): |
| If not a United States Citizen, list your type of legal United States residency: |
| Current address: |
| City: | State: | Zip Code: |
| Phone Numbers Cell: Home: |
| Current or Intended Field of College Level of Study: |
| College or University you will be attending this fall:  |
| Address: |  |  |
| City: | State: | Zip Code: |
| Will you be taking 12 or more credit hours this coming semester? |
| List any academic awards, extracurricular activities, leadership roles, etc. that you would like to be considered for this scholarship. |  |
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| Signature of Applicant: | Date: |