

**APPLICATION FOR EDUCATIONAL GRANT
FROM
THE SLEMP FOUNDATION
BIG STONE GAP, VIRGINIA**

THE TRUSTEES UNDER THE
WILL OF C. BASCOM SLEMP
C/O U.S. BANK
TRUST DIVISION
P.O. BOX 5208, M.L.: CN-OH-W7PT
CINCINNATI, OH 45201-5208

DATE OF APPLICATION

**APPLICATION MUST BE
POSTMARKED BY
OCTOBER 15th**

DEAR TRUSTEES:

I hereby make application for an educational grant for the school year from the Slemp Foundation. I have read the rules and regulations governing such grants and understand that any grants which may be made are subject to such regulations.

(Must be completed by applicant in Own Handwriting)

Name in full _____

◆ Home Address _____

◆ Mailing Address* _____
(Include City, State and Zip Code)

◆ Your place of birth (City, State and County): _____

◆ Telephone (____) - _____ Your social security number _____

◆ Date of Birth: _____ Marital Status: _____

◆ Are you a citizen of the United States? _____

◆ Name of school now attending _____ Year in school _____

◆ Date you will graduate _____ Major Subject _____

Father's/Guardian's name _____

◆ Home address _____

◆ Employer _____ Occupation _____

◆ Father's place of birth _____ County, State of _____

Mother's name _____

◆ Home address _____

◆ Employer _____ Occupation _____

◆ Mother's place of birth _____ County, State of _____

If you are not a current resident of Lee or Wise Counties, Virginia, please explain your connection to this area. _____

*This address will be used for all mailing until you otherwise notify the Trustees in writing.

Number of brothers and sisters _____ Their ages, and schools they attend:

Name of college you wish to attend _____

◆ Address of college _____

◆ Has the college accepted your application? _____

◆ In what subject do you plan to major? _____

◆ Type of degree or certificate you seek _____

What is your planned field of endeavor _____

The applicant is advised that it is the intent of the Trustees of the Slempp Foundation to grant funds only to those who are unable to provide all of their own funds and would otherwise be unable to continue their education. The following questions should be answered with this thought in mind.

Why do you need aid? _____

Do you have any debts at this time? _____ How much? \$ _____

Do you have a (1) savings account? _____ (2) checking account? _____

Have you ever applied for funds from The Slempp Foundation before? _____ If so, when? _____

Have you received funds from The Slempp Foundation in prior years? _____

How much? _____ What years? _____

Have any of your brothers or sisters or parents received aid from the Slempp Foundation? _____

If yes, what are their names and when _____

Are you receiving, or expecting any other scholarships or grants for school this coming year? _____

(a) Type _____

(b) Amount _____

(c) From whom _____

Have you ever worked at a full or part time job? _____

JOB DESCRIPTION

EMPLOYER

LENGTH OF SERVICE

In what school activities have you participated? _____

Organizations of which you are a member _____

Honors you have received _____

List hobbies, if any _____

Military service, if any _____ Type of discharge _____

Are you in good health? _____

*I have requested the following to write a letter of reference about me and mail it directly to **The Slemp Foundation**, c/o U.S. Bank Trust Division, P.O. Box 5208, M.L.: CN-OH-W7PT, Cincinnati, Ohio 45201-5208. I have also informed them the deadline for submitting the letters is **October 15th**.*

(Five references are required of students applying for the first time)

_____ **School authority** _____
_____ **(Occupation)** _____
_____ **(Occupation)** _____
_____ **(Occupation)** _____
_____ **(Occupation)** _____

Estimated Annual College Expenses

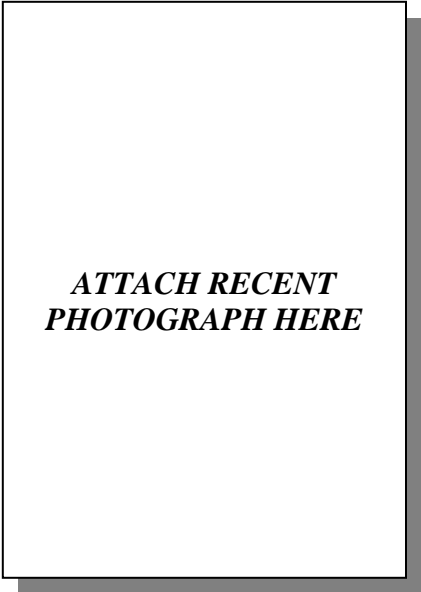
Name of College _____

For the period _____ to _____ for the _____ Year.
Fr., Soph., Jr., Sr.

MY ESTIMATED INCOME FOR ONE YEAR / MY ESTIMATED EXPENSES FOR ONE YEAR

Cash now on hand.	\$ _____	Tuition.....	\$ _____
Parents contribution.....	\$ _____	Fees.....	\$ _____
Other contributions.....	\$ _____	Room and board.....	\$ _____
Amount I will borrow.....	\$ _____	Personal expenses.....	\$ _____
Other scholarships.....	\$ _____		
		Total estimated expenses.....	\$ _____
		Difference between income and expenses.....	\$ _____

Payment of grants approved will be made in installments 1/2 on or about August 15th and 1/2 on December 15th.



I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE THE SLEMP FOUNDATION TO USE MY NAME IN PUBLICATION UNLESS I OTHERWISE NOTIFY THEM IN WRITING.

SIGNATURE OF APPLICANT

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Please provide any information which will assist us in the selection process.

I hereby certify that I have read the rules and regulations concerning the grant of funds by the Slemp Foundation. I further certify that I have read the information written on this form by my

(son, daughter, ward)

and such information is true to the best of my knowledge and belief.

SIGNATURE OF PARENT OR GUARDIAN