## **AMANDA J. BUCKLEY**

## **GIVE A SMILE TO A CHILD FOUNDATION**

## **SCHOLARSHIP APPLICATION**

## Part I. General Information

Name:		Social Security Nu	mber:	
Address:				
Telephone # Home:				
High School:				
Overall GPA:	SAT Score:	AC	T Score:	
Years Involved with Softball:				
High School Coaches Name:		Pho	one #	
Extra Curricular Activities (Scho	ol Related):			
Community Service Activities:				
Father's Name & Address:				
Phone # Mother's Name & Address:		Email Address:		
Phone #		Email Address: _		
Part II. College Information				
I have ( ) applied at ( ) been ac	cepted at			
I have ( ) applied at ( ) been ac				
I have ( ) applied at ( ) been ac				

I have been awarded a scho	plarship at: (softball &/or academ	ic, please denote v	vhich)
Name of School			
Full Scholarship	Partial Scholarship	(% amount)	
Full Scholarship	Partial Scholarship	(% amount)	
If not a full scholarship, how	do you expect to finance your c	ollege education:	
( ) Parental Aid	( ) Student Loans ( ) Final	ncial Aid	() Trust Fund
( ) Part-Time Employment	( ) Full Time Employment	( ) Other	
( ) Other Scholarships (plea	ase explain)		
( ) I will be playing softball f	or the above named school		
Part III. References			
List three references other t	han your family:		
Name	Address		Phone #
Part IV Tell us why you be	elieve you would be a worthy r	ecipient of a scho	olarship
Part V: Attach letters of re	commendation		
I hereby affirm that the infor	mation contained in this applicat	ion is true and corre	ect to the best of my knowledge.
Signature of Applicant:			
Date:		_	
The Scholarship Committee	will not contact you unless a scl	nolarship is awarde	d, or an interview is required.
Thank you for taking the tim Scholarship.	e to apply for the Amanda J. Bud	ckley "Give A Smile	To A Child" Foundation
Send your application to:	Amanda J. Buckley "Give A Sr P.O. Box 32021	nile To A Child" Fo	undation

Palm Beach Gardens, Fl. 33420