

# THE STEPHEN E. TOOP MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): \_\_\_\_\_

## STUDENT

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Carroll County High School: \_\_\_\_\_

Email: \_\_\_\_\_ Have you applied for FAFSA? \_\_\_\_\_ Please attach a copy

Carroll County High School Student Since: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Cumulative G.P.A.(Weighted) \_\_\_\_\_ (Non-Weighted) \_\_\_\_\_

What other scholarships have you applied for/received? \_\_\_\_\_

Have you Applied for FAFSA? \_\_\_\_\_

## FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Total Income:	_____	_____
Number of Children in Family and Ages:	_____	
	_____	

## EDUCATIONAL INSTITUTION

Accepted by \_\_\_\_\_  
(Name of Institution)  
\_\_\_\_\_  
(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a copy of FAFSA ( *if applicable* )
4. Please attach a Letter of Recommendation.
5. Please write a 500-word essay describing your career and personal goals and how the Stephen E. Toop Memorial Scholarship will help you to achieve them.

**In order to allow time for application review, the complete application package should be returned by May 1 to Community Foundation of Carroll County, 255 Clifton Blvd., Suite 203 , Westminster, MD 21157**

Please include all attachments for your application to be considered.  
**A Scholarship Fund of the Community Foundation of Carroll County, Inc.**

