

THE RONDRICK
WILLIAMSON
FOUNDATION



Not for Profit

THE RONDRICK WILLIAMSON FOUNDATION

YEAR _____ APPLICATION *(due no later than May 1st)*

Please print all information in black ink

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APPLICATION DATA

Name: _____ SS#: _____ Birth date: _____

Address: _____ City: _____ Zip: _____
(number, street and apartment if necessary)

Home phone: _____ Other phone: _____

Email address: _____

I have read the eligibility requirements and:

_____ Am a high school senior who will graduate in May/June 20_____.

_____ I have maintained a _____ grade point average or higher in high school.

POST-SECONDARY SCHOOL DATA

The school I will be attending is: _____ I have been accepted ____ yes ____ no

Name of Institution: _____ City: _____ State: _____

My major will be: _____ I estimate it will take _____ years to earn my degree.

Estimated annual costs: Tuition and fees: \$_____

FINANCIAL DATA

Parent/Guardian's Name: _____ SS#: _____ Birth date: _____

Address: _____ City: _____ Zip: _____
(number, street and apartment if necessary)

Home phone: _____ Other phone: _____

Please list the names and ages of brothers, sisters, or other minor, 18 and under in the home as well as any other persons dependent upon your parent(s)/guardian [explain the dependency in the "Need Declaration" section]:

Please list each (regardless of with whom the student resides) Parent/Guardian's name, place of employment, position title, and annual gross income (you must submit the guardian's 20_____ W-2 page 1 of 20_____ Federal Tax Return or statement of welfare or general assistance benefit):

REFERRED BY: _____

Print name and organization clearly

ATTACHMENTS TO THE APPLICATION

NEED DECLARATION

On a separate page, state clearly your need for this scholarship and provide any pertinent information (includes details concerning dependents in household) that may be useful in understanding your needs for tuition assistance. Also list all other scholarships for financial aid you have already been awarded or expect to receive (include the name, amount and duration of each award). Please sign the statement. Remember to attach proof of family income.

ACTIVITIES, AWARDS AND HONORS

Provide a resume that includes all school, employment, community and religious activities in which you have participated and received recognition during your high school career.

LETTERS OF RECOMMENDATION

Two (2) letters of recommendation (At least one must be from the school counselor or instructor and one must be from an individual who is not associated with the school). Letters should provide as much insight as possible about the applicant, their history and their leadership potential.

TRANSCRIPT INFORMATION

Submit on official copy of the high school transcript and have the following section completed by the guidance counselor:

Cumulative Grade Point Average _____/4.0 ACT Composite _____ SAT Math _____

SAT Verbal _____

Remarks: _____

Signature of Guidance Counselor: _____ Date: _____

Print name of counselor: _____ Office phone: _____

CERTIFICATION

All information on this form is true and complete to the best of my knowledge. If asked by the Foundation, I agree to provide proof of the information I have given on this application. I realize that if I do not provide proof when asked, I will not be considered for a scholarship.

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Mail this application, along with all the required supporting documents, postmarked no later than May 1st, to: Dr. Rondrick Williamson, PO Box 78776, Atlanta, Georgia 30357.