

## Scholarship Application

Applying for (check one only): Athletic \_\_\_\_\_ Medical \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ (Optional)

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender: Male \_\_\_ Female: \_\_\_

School of Acceptance: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_ Yes \_\_\_ No

Current School Attending: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Applications will be accepted by postal mail only with the required documentation attached: a one page essay, one letter of recommendation, GPA record, and acceptance letter from the applicant's school of choice. Each criterion must be satisfied. Only one application allowed per family household. No applications will be accepted after the specified deadline. The awarded funds will be sent directly to the recipient's school of choice.**

**I hereby certify that all the information provided is true and accurate. In so doing, I agree to abide by the terms and conditions of this scholarship program. Should I become a recipient of a Henry Armstrong Foundation, Inc. Scholarship, I give permission to the Henry Armstrong Foundation, Inc. to use my name and photograph for publicity purposes.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

**Mail form to: Henry Armstrong Foundation, Inc.  
2007 Wilshire Blvd., Suite # 727  
Los Angeles, California 90057  
Office: (323) 634-2199**