



**TREY WHITFIELD FOUNDATION, INC.**  
**P.O. BOX 252**  
**BROOKLYN, NEW YORK 11208**

**(718) 342-7722 extension 301**

**Fax (718) 342-7775**

**TWF Board Member Sponsor:** \_\_\_\_\_  
All applicants must have a board member sponsor; please indicate the name of your sponsor on the line above.

## **APPLICANT INFORMATION**

Please provide (print or type) complete information. Do not leave any blanks

**APPLICANT'S FULL NAME:** \_\_\_\_\_

Male       Female      \_\_\_\_\_ Age

**HOME ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**DAY PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**EVENING PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**NAME OF CURRENT SCHOOL:** \_\_\_\_\_

WHICH SCHOOL, COLLEGE, OR EDUCATIONAL PROGRAM WILL THIS AWARD BE USED FOR? Include Name of School, address and phone number.

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Print Applicant's Name: \_\_\_\_\_

## ESSAY QUESTIONS

If needed, you may attach additional pages to answer the following questions.

### PART I

On a separate page, submit an essay of 250 words or less explaining why you are a good candidate for a **Trey Whitfield Foundation** scholarship. Include how you heard about Trey Whitfield Foundation.

### PART II

List all of your school and community activities.

Please return this completed form by March 31<sup>st</sup> with a biography and a recent picture.

To:

**Trey Whitfield Foundation**  
Attn: Jill Forbes  
P.O. Box 252  
Brooklyn, New York 11208

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Print Parent/Guardian Name: \_\_\_\_\_  
(required if applicant is under 21 years of age)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Following your acceptance, information regarding the purchase of tickets for the event and placing ads in the journal is forwarded to you and your parent(s).