

AIMEE MELISSA DAVIS MEMORIAL SCHOLARSHIP
Application

Name _____ SS# _____

Address _____

City _____ State Texas Zip _____

Phone _____ Date of Diagnosis _____

College/University(s) Applied to:

1. _____
2. _____
3. _____

Anticipated Major _____

High School GPA _____

List other financial aid and the amount that you will receive for the coming academic year:

_____	\$ _____
_____	\$ _____
_____	\$ _____

List your most recent place of employment, contact person and phone number.

Please attach the following to your application:

- A one-page essay outlining your future plans, extracurricular activities, work history, reasons why you should be selected for an award and any other past experience that might be helpful to the selection committee.
- Two letters of recommendation, one of which must be from a program advisor confirming your academic status.
- Letter from your physician stating you have diabetes.

Please return your completed application **by April 11, 2008** along with required attachments to:
Austin Community Foundation, P.O. Box 5159, Austin, Texas, 78763.