

Lincoln and Eunice Duggins Memorial Scholarship Application

Last Name	First		Middle Initial	Date of Birth
Home Number	Cell Number		Current High School	
Student's Address	City	State	Zip Code	
Parent Information:				
Mother's Name	Home Number		Cell Number	
Father's Name	Home Number		Cell Number	
Marital Status:	Married		Single	
Custodial Parent(s) Address	City	State	Zip Code	
Mother's Place of Employment		M	other's Job Title	
Father's Place of Employment		Fa	Father's Job Title	
Annual Custodial Household Inco	me			
Student Information:				
Current High School GPA				
Intended Field of Study				
Post Secondary Institution you pla	nn to attend			
Have you received an acceptance	letter?			
Are you the first person in your ho	ousehold to attend colle	ege? If	not, whom?	

Did that person in your household graduate from college?		
List honors/awards		
List Special Projects, Extra Curricular/Community Service/Church Involve	ment	
List all scholarships and dollar amounts that have been awarded to you to d	late:	
My signature below affirms that the information provided is true and accurate.		
Applicant's Signature	Date	
Parent's Signature	Date	



Lincoln and Eunice Duggins Memorial Scholarship Application
This scholarship is a "gateway" to fulfilling student's dreams and destiny.

This Memorial scholarship seeks to award high school students in the following categories with <u>at least</u> \$500.00 to attend college of choice:

- First generation college students
- Families in financial hardship

Applicants must have a minimum GPA of 2.5 and have a strong commitment to community service.

In order to be considered for this scholarship, one must submit the following:

- Scholarship Application
- Two letters of recommendations (one from a teacher and the other from a community service sponsor)
- Resume (include documentation of community service)
- College Acceptance letter(s)
- Unofficial Transcripts
- Essay on "Why are You Deserving of This Scholarship" (At least 500 words)
- **Financial hardship documentation in the form of a letter must be provided by the custodial parent.
- Wallet size photo

Submit completed applications to:

AMFBI

P.O. Box 108295

Tallahassee, FL 32318

Email: hedringtond@gmail.com

850-591-2297