

**APPLICATION FOR EDUCATIONAL GRANT  
FROM  
THE SLEMP FOUNDATION  
BIG STONE GAP, VIRGINIA**

THE TRUSTEES UNDER THE  
WILL OF C. BASCOM SLEMP  
C/O U.S. BANK  
TRUST DIVISION  
P.O. BOX 5208, M.L.: CN-OH-W7PT  
CINCINNATI, OH 45201-5208

\_\_\_\_\_  
DATE OF APPLICATION

**APPLICATION MUST BE  
POSTMARKED BY  
OCTOBER 15<sup>th</sup>**

DEAR TRUSTEES:

I hereby make application for an educational grant for the school year from the Slemp Foundation. I have read the rules and regulations governing such grants and understand that any grants which may be made are subject to such regulations.

**(Must be completed by applicant in Own Handwriting)**

Name in full \_\_\_\_\_

◆ Home Address \_\_\_\_\_

◆ Mailing Address\* \_\_\_\_\_  
(Include City, State, and Zip Code)

◆ Place of birth (City, State and County): \_\_\_\_\_

◆ Telephone (\_\_\_\_) - \_\_\_\_\_ Social security number: \_\_\_\_\_

◆ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

◆ Are you a citizen of the United States? \_\_\_\_\_ Email: \_\_\_\_\_

◆ Name of school now attending \_\_\_\_\_ Year in school \_\_\_\_\_

◆ Date you will graduate \_\_\_\_\_ Major Subject \_\_\_\_\_

Father's/Guardian's name \_\_\_\_\_

◆ Home address \_\_\_\_\_

◆ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

◆ Father's place of birth \_\_\_\_\_ County, State of \_\_\_\_\_

Mother's name \_\_\_\_\_

◆ Home address \_\_\_\_\_

◆ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

◆ Mother's place of birth \_\_\_\_\_ County, State of \_\_\_\_\_

Are you a current resident of Lee or Wise Counties, Virginia? Y N If not, please explain your connection to this area. \_\_\_\_\_

\_\_\_\_\_  
*\*This address will be used for all mailing until you otherwise notify the Trustees in writing.*

Number of brothers and sisters \_\_\_\_\_ Their ages, and schools they attend:

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Name of college you wish to attend \_\_\_\_\_

◆ Address of college \_\_\_\_\_

◆ Has the college accepted your application? \_\_\_\_\_

◆ In what subject do you plan to major? \_\_\_\_\_

◆ Type of degree or certificate you seek \_\_\_\_\_

What is your planned field of endeavor? \_\_\_\_\_

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The applicant is advised that it is the intent of the Trustees of the Slempp Foundation to grant funds only to those who are unable to provide all of their own funds and would otherwise be unable to continue their education. The following questions should be answered with this thought in mind.

Why do you need aid? \_\_\_\_\_

Do you have any debts at this time? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Do you have a (1) savings account? \_\_\_\_\_ (2) checking account? \_\_\_\_\_

Have you ever applied for funds from The Slempp Foundation before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you received funds from The Slempp Foundation in prior years? \_\_\_\_\_

How much? \_\_\_\_\_ What years? \_\_\_\_\_

Have any of your brothers or sisters or parents received aid from the Slempp Foundation? \_\_\_\_\_

If yes, what are their names and when? \_\_\_\_\_

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Are you receiving, or expecting any other scholarships or grants for school this coming year? \_\_\_\_\_

(a) Type \_\_\_\_\_

(b) Amount \_\_\_\_\_

(c) From whom \_\_\_\_\_

Have you ever worked at a full or part time job? \_\_\_\_\_

**JOB DESCRIPTION**

**EMPLOYER**

**LENGTH OF SERVICE**

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In what school activities have you participated? \_\_\_\_\_

Organizations of which you are a member \_\_\_\_\_

Honors you have received \_\_\_\_\_

List hobbies, if any \_\_\_\_\_

Military service, if any \_\_\_\_\_ Type of discharge \_\_\_\_\_

Are you in good health? \_\_\_\_\_

*I have requested the following to write a letter of reference about me and mail it directly to **The Slemp Foundation, c/o U.S. Bank Trust Division, P.O. Box 5208, M.L.: CN-OH-W7PT, Cincinnati, Ohio 45201-5208.** I have also informed them the deadline for submitting the letters is **October 15th.***

*(Five references are required of students applying for the first time)*

\_\_\_\_\_ **School authority** \_\_\_\_\_  
\_\_\_\_\_ **(Occupation)** \_\_\_\_\_  
\_\_\_\_\_ **(Occupation)** \_\_\_\_\_  
\_\_\_\_\_ **(Occupation)** \_\_\_\_\_  
\_\_\_\_\_ **(Occupation)** \_\_\_\_\_

**Estimated Annual College Expenses**

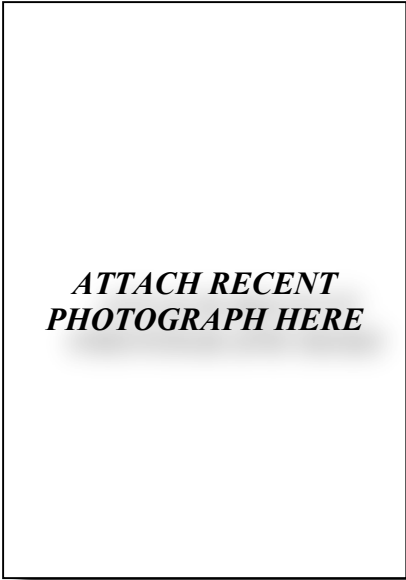
Name of College \_\_\_\_\_

For the period \_\_\_\_\_ to \_\_\_\_\_ for the \_\_\_\_\_ Year.  
Fr., Soph., Jr., Sr.

**MY ESTIMATED INCOME FOR ONE YEAR / MY ESTIMATED EXPENSES FOR ONE YEAR**

Cash now on hand. ....	\$ _____	Tuition.....	\$ _____
Parents contribution.....	\$ _____	Fees.....	\$ _____
Other contributions.....	\$ _____	Room and board.....	\$ _____
Amount I will borrow.....	\$ _____	Personal expenses.....	\$ _____
Other scholarships.....	\$ _____		
		Total estimated expenses.....	\$ _____
		Difference between income and expenses.....	\$ _____

Payment of grants approved will be made in installments 1/2 on or about August 15th and 1/2 on December 15th.



***ATTACH RECENT  
PHOTOGRAPH HERE***

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE THE SLEMP FOUNDATION TO USE MY NAME IN PUBLICATION UNLESS I OTHERWISE NOTIFY THEM IN WRITING.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Please provide any information which will assist us in the selection process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that I have read the rules and regulations concerning the grant of funds by the Slemp Foundation. I further certify that I have read the information written on this form by my**

\_\_\_\_\_  
**(son, daughter, ward)**

**and such information is true to the best of my knowledge and belief.**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**