|  |
| --- |
| **Application for the Charles E. Merrill Eastern European Scholarship** |

**Complete the red fields.**

**Applicant Information**

Name: First, Middle, Last

Age: Age Date of Birth: Month/Day/Year Gender: Select

Year of Entrance to TJ: Complete Applying for Grade: Select

Mailing Address: Mailing Address

City: City Postal Code: Postal Code

Email Address: Email Address

Home Telephone: Please include country and city codes with all phone Fax: Fax numbers

**Family Information**

Mother’s Name: First, Last

Mailing Address: Mailing Address

Email: Email Telephone: Telephone

Occupation/Title and Firm: Occupation/Title and Firm

Business Address: Business Address

Father’s Name: First, Last

Mailing Address: Mailing Address

Email: Email Telephone: Telephone

Occupation/Title and Firm: Occupation/Title and Firm

Business Address: Business Address

Brothers or Sisters:

Name: Name Age: Age School: Select

Name: Name Age: Age School: Select

Name: Name Age: Age School: Select

Name: Name Age: Age School: Select

**Education**

Date of Entrance to SPLOT: Month/Year Current Grade: Select

Other Schools Attended in the Past Three Years:

Name: Name City: City School: School

Name: Name City: City School: School

Name: Name City: City School: School

Have you ever skipped a grade? Select repeated a grade? Select If yes, which one? Select

**Certifications**

We affirm that the information provided on this application is true and complete. We understand that all information provided by us for this application will remain confidential and be used only   
by the appropriate personnel at Thomas Jefferson School. We also understand that the information provided by schools and other sources is equally confidential and will not be shared with applicants or their families.

We understand and agree to the financial terms of this scholarship, and we will pay promptly   
all bills received for our child’s expenses not covered by this grant.

As the applicant, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that the writing samples I have submitted are entirely my own work, written without the help or advice of parents, teachers, friends, or school officials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature of Applicant Month Day Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature of Parent/Guardian Month Day Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature of Parent/Guardian Month Day Year