



**APPLICATION FOR ROBERT HUNGERFORD CHAPEL TRUST SCHOLARSHIP FOUNDATION**  
**P.O. Box 962 | Winter Park, Florida 32790-0962**  
**Email: rhctrust1899@live.com**

**RETURN COMPLETED APPLICATION VIA U.S. MAIL ON OR BEFORE MAY 15, 2022**

**PART I** (To be completed by Student Applicant) I hereby apply for assistance from the Robert Hungerford Chapel Trust Scholarship Foundation.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address: \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

High School Address: \_\_\_\_\_

Name of College or University I plan to attend or currently enrolled: \_\_\_\_\_

Intended Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Previous Robert Hungerford Awardee: Y \_\_\_\_\_ N \_\_\_\_\_ Amount \$ \_\_\_\_\_

Career Objective: \_\_\_\_\_

**PART II** (To be completed by student applicant's Parent, Parent in Loco Parentis, or Guardian)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number of members in immediate family: \_\_\_\_\_ Other family members currently attending college: \_\_\_\_\_

Total Family Annual Income (salaries, business incomes, rents, annuities, pensions, interest, etc.): \$ \_\_\_\_\_

I certify that the above information is correct. Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III** (To be completed by School Official)

GPA \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

**I certify that the Grade Point Average, SAT score, ACT Score, senior year schedule and first semester grades are correct.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I certify that the applicant's Grade Point Average is correct. (College Applicant)**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV (To be completed by applicant)**

**FINANCIAL ASSISTANCE:**

**ASSISTANCE AVAILABLE, IF ANY:**

	SOURCE	AMOUNT APPLIED FOR	YEARLY AMOUNT
LOANS	_____	_____	_____
SCHOLARSHIPS	_____	_____	_____
GRANTS	_____	_____	_____
FAMILY ASSISTANCE	_____	_____	_____
OTHER	_____	_____	_____

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the RHCT's scholarship program.

I hereby understand that if chosen as a scholarship winner, according the RHCT's scholarship policy, it is my responsibility to submit to the RHCT the enrollment verification information for my scholarship and the scholarship funds are to be used for the academic year which I have applied.

I hereby understand that the submittal of an application without all required documents will not be considered for this scholarship.

Signature of Student Applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTACHMENT CHECKLIST**

1. \_\_\_ Application
2. \_\_\_ Official Copy of Student's High School Transcript, senior year schedule and first semester grades
3. \_\_\_ A copy of parent(s) IRS Form 1040 through adjusted income line or other **OFFICIAL** document
4. \_\_\_ Three Letters of Recommendation (From Guidance Counselors, Instructors, Community Leaders, etc.)
5. \_\_\_ Brief Personal Essay (Typed, doubled spaced and not to exceed 150 words), to include a brief biographical sketch, record of extracurricular and community service in the community, educational aspirations, career goals and a written explanation as to why financial assistance is essential.

MAIL COMPLETE APPLICATION PACKAGE TO RHCT AT:  
P.O. Box 962  
Winter Park, Florida 32790-0962

**REMINDER:**

**The deadline for this application must be post marked on or before.  
May 15<sup>st</sup> 2022, NO EXCEPTIONS!**