

## **G. Roxy & Elizabeth Martin Charitable Trust SCHOLARSHIP APPLICATION**

1. Deadline for consideration: **March 31, 2022 (email only)**
2. This application should be completed and returned with the following items to:  

[Fdnsvcs.fl@truist.com](mailto:Fdnsvcs.fl@truist.com)

  - a. On a separate sheet of paper, write a brief autobiography. Please include your career goals and objectives.
  - b. A sheet listing honors received, clubs and social activities participated in, talents and interests you have.
  - c. A sheet listing your job experience (if any) including place of employment, dates of employment, job title and duties.
  - d. Three letters of recommendation giving specific data regarding your academic ability, character, family background, and economic status (with emphasis on character) from any of the following: Principal, dean, teacher, advisor, minister, employer, or civic leader. These letters shall be included with this application.
  - e. Transcript from high school.
  - f. A recent photograph, pasted on page 4 of application.
  - g. All required documents need to be in one PDF file and in order.
3. Awards will be made in May.
4. Employees, Officers and Board of Directors of SunTrust Bank and their families are not eligible for this scholarship.

## G. Roxy & Elizabeth Martin Scholarship Foundation

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last

University / College \_\_\_\_\_

Semester applying for: \_\_\_\_ Fall \_\_\_\_ Spring Year \_\_\_\_\_

Date accepted by University: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Current mailing address:

Street or Postal Box Number \_\_\_\_\_

City State Zip Code County

Area Code and Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth: \_\_\_\_\_  
City State

### EDUCATIONAL INFORMATION

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

City: \_\_\_\_\_ State \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ through \_\_\_\_\_  
Month Year Month Year

Academic average (District) GPA \_\_\_\_\_

Date of graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SAT Score: \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

ACT Score: \_\_\_\_\_

College institution currently attending: \_\_\_\_\_

**PARENTAL INFORMATION**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Address of employment: \_\_\_\_\_ Address of employment: \_\_\_\_\_

\_\_\_\_\_  
City State Postal Zip Code City State Postal Zip Code

Business telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you live with:    \_\_\_ Both Parents            \_\_\_ One Parent            \_\_\_ Independent

Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

TOTAL INCOME last calendar year: \_\_\_\_\_

A copy of the first page of your parent(s) IRS Form 1040 Income Tax Return must be attached to this application.  
Please blackout social security numbers.

Number of family members (including parents): \_\_\_\_\_ Number of family members attending college: \_\_\_\_\_

Do you expect to be employed while attending college?    \_\_\_ Yes            \_\_\_ No

If yes, name the place of employment: \_\_\_\_\_

**CERTIFICATION**

I certify that to the best of my knowledge the information provided in this application is correct. I have completed this application with the understanding that it is the property of the Edgar P. & Nona B. McKinney Foundation.

\_\_\_\_\_  
Signature Date

I (we) certify that to the best of my (our) knowledge, the information provided is correct (one parent signature required).

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_

Mother's Signature

Date

**BUDGET**

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Anticipated college expenses per year:

Tuition\_\_\_\_\_

Books\_\_\_\_\_

Housing/Board\_\_\_\_\_

Sub-Total - Anticipated Expenses\_\_\_\_\_

Less:

Scholarships\_\_\_\_\_

Financial Aid\_\_\_\_\_

Net Anticipated Expenses\_\_\_\_\_

