



Clifton George Thompson Scholarship Foundation Application Form 2024 -2025

Applicant's General Information

First Name _____ Middle Name _____ Last Name _____

Email address: _____

Name of Parent/Guardian: _____ Contact #: _____

Home Address _____

_____ Applicant's Contact #: _____

School Name and Address _____

School Telephone # _____

Demographic Information

Birthday DD/MM/YYYY _____ Gender: M F

Educational Information

Average/ Exam Score: _____ GPA (if applicable): _____

Expected graduation date (MM/YY): _____

Attendance: ___ out of ___ days Administrator's Signature: _____

I acknowledge that by signing this form I will be held accountable for falsifying any information recorded thereon and will be barred from any future opportunities to apply for a scholarship from the Clifton George Thompson Scholarship Foundation.

Applicant's Signature: _____ Date: _____

On a separate sheet please provide a typed essay consisting of 400-500 words for primary applicants, 500-600 words for high school applicants, and 500-750 for college applicants.