

THE CLARENCE & BARBARA TALIAFERRO SCHOLARSHIP PROGRAM

Who Can Apply?

Applicants must have a cumulative grade point average of 2.5 or higher on a 4.0 scale

Applicants Must:

- be a high school senior who has applied to and enrolled in a full time course of study at an accredited four-year college or university
- be a college freshman, sophomore or junior currently enrolled in a full time course of study at an accredited four-year college or university
- be a community college student who has enrolled in a full time course of study
- All students must demonstrate financial need according to the Free Application for Federal Student Aid Form (FASFA) and the Student Aid Report (SAR) form.

Selection Process

The Selection Committee reviews all applications to determine the best overall applicants. The highest-rated students are selected as scholarship recipients. Scholarships are awarded on the basis of academic potential, need, participation and leadership in school and community activities, short answers and essay response.

Award Amount

The Clarence & Barbara Taliaferro Scholarship will award a scholarship in the amount of \$1000 for each award recipient.

Payment of Award

On or around September 10, a check will be mailed to the scholarship recipient's college or university of choice, with the first check being in the amount of \$500 and the second check mailed on or around December 30. Checks are made payable to the scholarship recipients school with the recipient's name and Student ID number on the check.

Obligations

Scholarship Recipients must supply The Clarence & Barbara Taliaferro Scholarship Committee with current color photo (headshot), transcripts and notify the committee of any change of address, school enrollment or other relevant information. Except as described above, no obligation is assumed by The Clarence & Barbara Taliaferro Scholarship Committee or Darryl Martin Taliaferro.

Responsibilities

Applicants are responsible for the admission to an accredited four-year college or university and for meeting its entrance requirements. Applicants are also responsible for gathering and submitting to the selection committee the information necessary for selecting the scholarship recipients as outlined above. If awarded a scholarship, recipients must enter school no later than the fall term of the year of the award.

Questions/Concerns

Students or interested parties having questions about The Clarence & Barbara Taliaferro Scholarship Program should email SCHOLARSHIP@darryltaliaferro.org

High School Applicants

High School Seniors must submit the following:

- Application Form
- Official high school transcript or grade report (most recent)
- ACT or SAT score report
- Two letters of recommendation
- Copy of Student Aid Report
 - This form is provided to you after you submit your Free Application for Federal Student Aid Form (FASFA). Information on the form is kept confidential.
- A copy of your diploma/graduation certificate and indication of class ranking
- A copy of an acceptance letter from an approved college or university

College/Transfer Student Applicants

College /Transfer student applicants must submit the following:

- Application Form
- Official Transcript of Grades
 - Provide college transcripts from all previously attended institutions (transcripts from current institutions that include transferred credits/courses is acceptable)
- SAT or ACT score report
- Two letters of recommendation
 - We require at least one recommendation from a faculty member in your field of study. The second letter of recommendation should be from someone who can provide insight into your personal character, potential, motivation and ability to successfully complete a rigorous course of study.
- Copy of Student Aid Report
 - This form is provided to you after you submit your Free Application for Federal Student Aid Form (FASFA). Information on the form is kept confidential.

APPLICATIONS WILL BE ACCEPTED BETWEEN JUNE 1 – SEPT 1

MAIL COMPLETED SCHOLARSHIP APPLICATIONS TO:

The Clarence & Barbara Taliaferro Scholarship Program
Attention: Scholarship Committee
P. O. Box 331134
Nashville, TN 37203



THE CLARENCE & BARBARA TALIAFERRO SCHOLARSHIP PROGRAM

Instructions

Application must be *typed* and include all applicable signatures. Please mail to the address at the bottom of the application no later than September 1.

GENERAL BACKGROUND INFORMATION

Applicant's Full Name: _____

Date of Birth (MM/DD/YYYY) _____/_____/_____

Applicant's Permanent Address:

Street _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

Social Media Information:

Facebook: _____ Twitter: _____

Instagram: _____ Snapchat: _____

Other: _____ Other: _____

Email Address _____

Parents Name _____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND

Name _____

Street _____

City _____ State _____ Zip _____

EDUCATIONAL BACKGROUND INFORMATION

If you are a high school student, please list the high school(s) you have attended (use additional paper if necessary)

If you are a college student, please list the college(s) you have attended (use additional paper if necessary)

Name of Institution	Full Address & Phone Number	Dates Attended	Grade Point Average

Graduation Month/Year _____ / _____ Major/Minor (if applicable) _____

SAT Results: V _____ M _____ W _____ TOTAL: _____

ACT Results (if applicable) _____

List all extracurricular school activities below:



List all community service/volunteer activities below:

List and describe you leadership experience(s):

List any awards and/or honors you have received. Include the year the honor was received

SPECIAL CONSIDERATIONS (can include some of the following: death of a students parent or guardian; disability of a student; or other unusual circumstance(s):

EMPLOYMENT HISTORY

List your last three employers in the space provided.

ONE

Employer _____

Address _____

City _____ State _____ Zip _____

Your Role _____

Dates of Employment _____

TWO

Employer _____

Address _____

City _____ State _____ Zip _____

Your Role _____

Dates of Employment _____

THREE

Employer _____

Address _____

City _____ State _____ Zip _____

Your Role _____

Dates of Employment _____

REFERENCES

List the names and contact information of the three people who will be writing letters of recommendation on your behalf. These individuals should NOT be related to you.

ONE

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

Email Address _____

TWO

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

Email Address _____

THREE

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

Email Address _____

SCHOLARSHIP INFORMATION

List ALL scholarships, financial aid, or other financial assistance you have been awarded for your college education (use additional paper if necessary):

Name of Scholarship	Name & Address of person/entity giving the scholarship	Amount of Scholarship

Please provide a list of all colleges/universities to which you have applied (use additional paper if necessary):

Name of Institution	Full Address & Phone Number	Accepted? Yes / No	If yes, provide a copy of letter [X]