



APPLICATION FORM

Personal Information

Last Name	First Name	Middle Name	Date of Birth (Mo./Day/Year) / /	
Mailing Address	Apt#	City	State/Country	Zip Code
Home Address (if different from above)				
Email address:	Telephone Number(s)		Parent's Names and Telephone Number	

School Information

(To be filled out and certified by school counselor or administrator)

School Name		Principal/Dean's Name		
Last School Attended		Counselor / Advisor's Name		
Mailing Address	City	State/Country	School FAX number	
			School Telephone Number	
Class of 20_____	Circle One Junior Senior University Freshman	Counselor's phone number & extension		
Print Name	Signature		Date:	

Applicant Signature: _____ **Date:** _____

**Completed applications are due no later than 5:00pm February 28, 2017.
Award money eligible for U.S. accredited schools.**

Submit completed applications via hand delivery to:

James L. and Rosita S. Adkins Foundation Office
East-West Business Center 744
N. Marine Corps Drive, Suite 115
Upper Tumon, GU 96913
Tel No. 649-0025

OR

Via EMAIL to:

adkinsscholarshipguam@gmail.com.

Office Use Only (Do Not Write Below)

Control No.	
Received by:	Date:
Remarks:	Approved Disapproved