



**THE THORNTON SISTERS  
FOUNDATION, INC.**

*The NOTES of Education Compose the Symphony of LIFE*

**THE DONALD and ITASKER THORNTON  
MEMORIAL SCHOLARSHIP**

*School Year*

**Note:** PLEASE TYPE OR PRINT CLEARLY. THE SELECTION OF RECIPIENTS WILL BE INFLUENCED BY THE NEATNESS AND LEGIBILITY OF THE REPLY.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Home Telephone Number: ( ) -

School Guidance Counselor Telephone Number: ( ) -

**I. ETHNIC INFORMATION-** Please Circle ONE of the following:

African-American/Black

Latino-American

Caribbean-American

Native American

Other \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

High School \_\_\_\_\_  
NAME and LOCATION

\_\_\_\_\_  
DATES ATTENDED

\_\_\_\_\_  
CURRICULUM/MAJOR FIELD

\_\_\_\_\_  
GPA (out of 4.0)

**III. PERSONAL STATEMENT** [minimum 500 word Essay]. Please describe your family background (i.e. parents, grandparents, siblings), any personal and/or economic disadvantages, honors or academic distinctions and community involvement/activities.

**Recent**  
**PASSPORT**  
**PHOTO**  
**Required**

# Scholarship Information Checklist

[ \_\_\_\_\_ School Year ]

A **Completed** application includes the following Five (5) components:

1. **A Student Application Form**- Please complete ALL sections of the Application Form and provide signature of applicant on last page.
2. **An official High School Transcript**- Final Grades received in the core courses and school's calculated GPA over a 3½ year period.
3. **Documentation of Family Income** or a most recent copy of parents' Income Tax statement. Note: Individual W-2 Forms will **NOT** be accepted.
4. **THREE (3) letters of Recommendations**- ALL letters must be from teachers or faculty members. Each letter must include the capacity by which the person has known the applicant and for how long. EACH letter must be signed and sealed with the author's signature across the sealed portion of the envelope.
5. **ONE (1) College Acceptance Letter**- Letter must be from an accredited four-year college or university.

- **ALL Five (5) of the above Components MUST be SENT TOGETHER in the SAME envelope and the envelope must be postmarked NO LATER THAN May 7.**
- **An application shall be identified as INCOMPLETE if any of the Five components are missing or the original envelope is postmarked after May 7.**
- **INCOMPLETE applications shall NOT be considered for any reason.**

I hereby certify that all information submitted in this application is true to the best of my knowledge.

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SIGNATURE of APPLICANT

DATE

Return **ALL** application materials **TOGETHER in ONE** envelope to:

**THE THORNTON SISTERS FOUNDATION, INC.**

**P.O. Box 21**

**Atlantic Highlands, New Jersey 07716**

T.S. Foundation Office: (732)768-4263

For more details, please visit the Foundation's Website: [www.thornton-sisters.com](http://www.thornton-sisters.com)