



# TOM LANDRY CLASSIC SCHOLARSHIP APPLICATION

Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Social Security Number: \_\_\_-\_\_\_-\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_-\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_-\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell #: (\_\_\_\_) \_\_\_-\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell #: (\_\_\_\_) \_\_\_-\_\_\_

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

Graduation Date: \_\_\_/\_\_\_/\_\_\_      Class Rank: \_\_\_\_\_

Number of Students in Graduating Class: \_\_\_\_\_

School Counselor: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_-\_\_\_

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

Extra Curricular Activities at School (i.e.: sports, clubs, etc.):

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Academic Honors and Awards at School:

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College You Will Attend:

\_\_\_\_\_

Have you been accepted? Yes NO

*Or*

Perspective Colleges:

(Choice #1) \_\_\_\_\_

Applied? \_\_\_\_\_

Accepted? \_\_\_\_\_

(Choice #2) \_\_\_\_\_

Applied? \_\_\_\_\_

Accepted? \_\_\_\_\_

(Choice #3) \_\_\_\_\_

Applied? \_\_\_\_\_

Accepted? \_\_\_\_\_

Prospective Major(s):

- \_\_\_\_\_
- \_\_\_\_\_

***\*\*The following material MUST accompany the scholarship application in order for the application to be considered.***

- A one-page essay (typed) explaining your **NEED** for this scholarship.
- A one-page essay (typed) explaining why community service is the responsibility of every person.
- One (1) letter of reference ***detailing your leadership skills.***
- A current transcript.
- A letter verifying that you have volunteered a **MINIMUM of 40 hours of community service work.**

***THIS SCHOLARSHIP APPLICATION MUST BE COMPLETED AND MAILED (POST MARKED) BY MARCH 1, 2016. PLEASE USE THE ADDRESS BELOW:***

PPI Marketing  
Tom Landry Scholarship Application c/o Kris Cumnock  
15660 North Dallas Parkway, Suite 1250  
Dallas, Texas 75248

***PLEASE CALL (972)388-5304 FOR QUESTIONS***