



Toby Wright Scholarship Application

Applicant's Information

Name: _____
Date of Birth: _____ SS#: _____
Telephone: _____ E-mail: _____
Father's Name: _____
Mother's Name: _____
Number of family members living at home dependent upon injured or deceased parent: _____

Injured or deceased parent's information

Name: _____
Date of Injury: _____ SS#: _____

Injured or deceased parent's employer information

Name: _____
Street Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: _____

High school and university/college information

Name of high school attended: _____
Street Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Name of institution you plan to attend: _____
Street Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: _____
Educational goals: _____
Major field of study: _____
Career objective: _____

Scholarship information

Other scholarships applied for: _____
Have you been awarded any other scholarships? _____ If so, please state which and the amount of each:

Other circumstances which you feel Toby Wright Scholarship Fund should know in reviewing your scholarship request: _____

For potential vocational/technical students:

Name of school applied for: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

If you have been accepted for admission, please name school(s)

Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

By submitting this form I agree to the following:

- I hereby apply for a scholarship from THE TOBY WRIGHT MEMORIAL SCHOLARSHIP FUND.
- I hereby consent for THE TOBY WRIGHT MEMORIAL SCHOLARSHIP FUND to verify the contents of this application.
- I agree to allow the school to send a copy of each quarter's (or semester's) grades to THE TOBY WRIGHT MEMORIAL SCHOLARSHIP FUND. It is fully understood that compliance in the matter is necessary for funds to be paid on a regular basis.
- I hereby consent THE TOBY WRIGHT MEMORIAL SCHOLARSHIP FUND, its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution, or other entity.
- Where did you learn about THE TOBY WRIGHT MEMORIAL SCHOLARSHIP FUND?

Applicant's Signature: _____ Date: _____
(MM/DD/YEAR)

You can obtain more information about the scholarship program from our website: www.WCAofNM.com, or by contacting:

Brock Carter
E-mail: brock@safetycounselling.com
(505) 881-1112
1-800-640-0724

Collect calls are accepted

