

What was the scholarship for?

8. Home address:

Street Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

9. *Primary telephone: (_____) _____

10. Secondary telephone: (_____) _____

11. E-mail: _____

12. *Date of Birth (MM/DD/YYYY): ____/____/____

13. *Do you have any siblings? Please list their names and ages:

14. *What school do you currently attend?

Name: _____

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City: _____ *State: _____ *ZIP: _____

15. *What is your current GPA? _____

16. *For high school seniors only*—college admission composite test score(s). Attach photocopies of all score reports if you have taken.

ACT _____ SAT _____ Other: _____

17. What college would you like to attend, if any?

Name: _____

City: _____ State: _____, or

If undecided, colleges under consideration are:

18. *Classification in fall semester 2020: _____
(*freshman, sophomore, junior, senior*)

19. What degree(s) would you like to pursue?

20. *What profession or field of employment do you wish to enter?

21. *List any other schools you have attended:

Name: _____

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City: _____ State: _____ Years: _____

Name: _____

City: _____ State: _____ Years: _____

Name: _____

City: _____ State: _____ Years: _____

22. *The Essay:

What does the scholarship committee need to know about you, in 1,000 words or less? Why do you want this scholarship?

Attach your essay to this form. The essay is limited to no more than 1,000 words, two print pages (approximately 6,000 characters). Recommendation: Carefully proof your essay and know that well-done short essays can be more impactful than a lengthy one.

23. *Parents or guardians names and addresses if different from yours.

Mother's Name _____

Mother's Address _____

Mother's Address _____

Mother's Phone _____

Mother's Place of Employment _____

Mother's Monthly Salary _____

Father's Name _____

Father's Address _____

Father's Address _____

Father's Phone _____

Father's Place of Employment _____

Father's Monthly Salary _____

Custodial Guardian's Name _____

Custodial Guardian's Address _____

Custodial Guardian's Address _____

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Custodial Guardian's Phone _____
Custodial Guardian's Place of Employment _____
Custodial Guardian's Monthly Salary _____

24. *Personal References:

Please have 3 people who know you write a referral letter explaining why they support you in your effort to apply for this scholarship. Please include their contact information and attach to this form. This can be a teacher, relative other than parent, pastor, coworker, or acquaintance.

25. *If you are the recipient of this scholarship, do you want to be recognized, including a picture, with the donor for receiving this membership? _____

26. *Certification Statement:

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____

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