



\$500 Scholarship Application Packet

Student Information

Date: _____

Name _____

Last

First

Middle

Address _____

Street

City

Zip

Telephone Number () _____ Cell Number () _____

Email _____

Guardian/Parent Information

Name _____

Address _____

If Different Than Above

Education Information

Have You Graduated From High School ? Yes ___ No ___ What Year _____

Name of High School _____

Name of College You Plan To Attend _____

Anticipated Course of Study _____

Intended Academic Goal: Certificate ___ Associate ___ Bachelors ___

For Club Use Only

Date Received _____

Received By _____