



Scripps Ranch Women's Club

SCHOLARSHIP APPLICATION

Part I: Personal Information

Name: _____

Last

First

Middle

Address: _____

Phone: _____ Email: _____

Grade Point Average: _____ Expected Date of Graduation: _____

Part II: Educational Goals

Please list the full names of accredited colleges or universities to which you have applied or plan to attend:

First Choice: _____

City and State _____

Second Choice: _____

City and State _____

Third Choice: _____

City and State _____

Part III: Activities

School:

Community:

Honors/Awards:

Work Experience:

Additional Comments:

Please mail application and all additional information to:
10755-F Scripps Poway Parkway - Box 120, San Diego, CA 92131