 **2024 Scholarship Application**

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| Applicant Information  |  |  |
| Name: |  |  |  |  |  |
| Home Address: |  |
| City: |  | State: |  | Zip: |  |
| To qualify, participants must have:3.0 GPALetter of recommendation (1)One semester of higher education following high school graduation completed (provide proof) |
| Please list community involvement, discuss financial need, include plans following graduation and why you should receive the scholarship (please answer all questions in your response)  |
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| Disclaimer and Signature |
| By signing below, you are stating that the information outlined above is accurate. To receive the scholarship award, participants must meet all requirements.  |
| Signature: |  | Date: |  |

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| FOR OFFICE USE ONLY |
| Date received: |  | Received by: |  | Scholarship award: | $ |
| Reviewed by: |  | Approved by: |  |  |  |