

Application for Linda Gail Stewart Memorial Scholarship

Applicant Information

Full Name: _____ DOB: _____

Address: _____
Street Address

_____ City State ZIP Code

Phone: _____ Email _____

in Household: _____ Parent(s)/Guardian _____

Occupation(s): _____

Have you applied for any other scholarships? If yes, which ones?
YES NO

Have you been awarded any other scholarships? _____

By Whom? _____

Education

High School: _____ GPA: _____ ACT Score: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

If no: Graduation Date: _____

Other Schools Attended: _____

Accomplishments/Awards: _____

Interests/Hobbies: _____

Clubs/Offices Held: _____

What college or University do you plan to attend? _____

Major: _____ Minor: _____

How did you learn of this scholarship? _____

Why do you feel you should be awarded this scholarship? (Please type and attach on an additional page.)

References

Please list three professional references from the following: One School Official (Principal, Headmaster, Counselor, or Teacher); Employer; Club Advisor; A person other than a school official, employer, or club advisor.

Full Name: _____ Position: _____
Company: _____ Phone: _____

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Company: _____ Phone: _____

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Company: _____ Phone: _____

***PLEASE ATTACH TWO (2) RECOMMENDATIONS FROM TWO (2) OF THE THREE (3) REFERENCES LISTED.**

Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Responsibilities: _____

Signature

Signature: _____ Date: _____