WALES FISH & GAME CLUB, INC. STUDENT SCHOLARSHIP PROGRAM

Student Name:		Tel. No		
Address:Street	City	State	zip code	
Are you currently living at home: Yes_				
Parent or Guardian's name:				
College Choice and Major:				
Accepted: YesNo	Expected Year of Graduation:			
Signature of Applicant:				
Signature of Parent/Guardian:				