# **EDWARD B. GNAHN MEMORIAL SCHOLARSHIP**

### **APPLICATION**

Name:				
Last name First name, M	iddle name			
Date of Birth:				
Month Day Year				
Phone Number:				
Please enter a valid phone number.				
Email:				
example@example.com				
Home Address:				
Street Address				
Street Address Line 2				
City	State / Province			
Postal / Zip Code				
How many years have you resided in Des Moines County?				
Example: 18				

Father's Name and Occupation				
Mother's Name and Occupation:				
OR Spouse's Name and Occupation (If married):				
High School Attended and Graduation Year				
Example: Burlington High School, 2024				
College/ University you plan to attend:				
College/University Address:				
Street Address				
Street Address Line 2				
City	State / Province			
Postal / Zip Code				
Major Field of Study:				
Yearly Tuition: \$				

Program Length:					
Full or Part Time Student:  Full Time  Part Time					
Anticipated Grad Date:					
Are any other members of your family receiving a Yes	a Gnahn Scholarship?				
Have you previously applied for a Gnahn Scholars Yes No	ship?				
Please provide required documents with application.  NO APPLICATION WILL BE CONSIDERED WITHOUT CURRENT TRANSCRIPT OF GRADES ATTACHED					
DEADLINE FOR APPLIC Signature of parent (if minor):	CATIONS IS APRIL 1ST.				
Signature of Applicant:					

# **EDWARD B. GNAHN MEMORIAL SCHOLARSHIP**

### RENEWAL APPLICATION

Name:				
Last name First name, M	liddle name			
Date of Birth:				
Month Day Year				
Phone Number:				
Please enter a valid phone number.				
Email:				
example@example.com				
Home Address:				
Street Address				
Street Address Line 2				
City	State / Province			
Postal / Zip Code				
Student ID #:				

Graduation Date:				
College/University Attend	ing:			
College/University Address:				
Street Address				
Street Address Line 2				
City	State / Province			
Postal / Zip Code				
Major Field of Study:				
Current Career Goal:				
Yearly Tuition:				
Please mark if you would Please provide an update	prefer to receive future correspondence about your scholarship via email. d email address			

## \*\*\*RENEWAL APPLICATION DUE APRIL 1st.\*\*\* APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE APPROVED.

\*\*\*SPRING GRADE REPORTS AND FALL CLASS SCHEDULE DUE July 1ST. \*\*\* FUNDS WILL NOT BE AWARDED WITHOUT THESE DOCUMENTS. \*\*PLEASE INCLUDE CURRENT AND CUMULATIVE GPA\*\*

IF YOU DO NOT PLAN TO RENEW THIS SCHOLARSHIP, PLEASE CHECK HERE

Signature of applicant:					