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| Dream Like Will Charities 225 N 5th Street  St. Charles, MO 63301 | | | | | | [Dreamlikewill@yahoo.com](mailto:Dreamlikewill@yahoo.com)  [www.dreamlikewill.org](http://www.dreamlikewill.org) |
| 2023 Coach G Memorial Scholarship Application | | | | | |
| The 2023 Coach G Memorial Scholarship is available to any graduating student of Francis Howell High School. One or more deserving student(s) will receive $500 or more in scholarships based upon the applications submitted and the criteria set forth. Fill online, Save/Print, and Submit (See below) | | | | | | Click here to enter a date. |
|  | | | | | | **Date** |
| Click here to enter text. | | | | | | Click here to enter text. |
| **Name (Last, first, middle initial)** | | | | | | **Nickname (optional)** |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| **Street address** | | | **City** | | **State** | **Zip code** |
| Click here to enter text. | Click here to enter text. | | | | | Click here to enter text. |
| **Primary Phone Number** | **Other Phone Number** | | | | | **Email address** |
| Click here to enter text. |  | | | | |  |
| **Name of Parent(s) or Guardian(s)** | | | | | |  |
| Click here to enter text. | | | | | |  |
| **Parent or guardian phone number** | | | | | |  |
| Click here to enter text. | | | | | | Click here to enter text. |
| **Guidance counselor** | | | | | | **GPA** |

**I have applied to the following colleges/universities**

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**Academic achievements**

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**School Activities (grades 9-12)**

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**Community Activities (grades 9-12)**

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**Athletic activities (both school and community (grades9-12)**

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**Project:**

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| Being as creative as you would like, use any of the following: **an essay, a short story, a song or poem, an art interpretation, a video, a photograph**, etc. Choose a method with which you would be comfortable and that you feel would best describe your desires and needs concerning this scholarship. This project should convey why you would like/need to receive this scholarship and inform us how this scholarship will help you in accomplishing your goals for furthering your education. Submit your project along with this application. |

**Other Requirements:**

* Your application should include one letter of recommendation from either a teacher, friend, coach, etc.
* All applications must be submitted by: April 10th, 2023
* Send your application to: FHHS Guidance Office OR email to [Dreamlikewill@yahoo.com](mailto:Dreamlikewill@yahoo.com) OR mail to 225 N 5th Street, St. Charles, MO 63301
* Attach project documentation, as needed

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| **For Administrative Use Only:** |  | Click here to enter a date. |
|  |  | Date received |
|  |  | Click here to enter a date. |
| Preliminary review |  | Date |
|  |  | Click here to enter a date. |
| Submitted to committee |  | Date |
| Click here to enter text. |  | Click here to enter a date. |
| Criteria Score |  |  |