

Gene Richmond Memorial Scholarship Application (2021)

Student's Name _____ Phone# _____

PCGC Member's Name _____ PCGC member # _____

Address _____

Email _____

College or Trade School where student is enrolled _____

Semester and Year Enrolled _____

School Address _____

School Registrar's Phone Number _____

Work History _____

Manager or Supervisor Work Reference and phone number _____

Character Reference and phone number _____

On a separate piece of paper please tell us a little about the shooting sports or outdoor activities that you are or have been involved in.

Please submit the application and proof of enrollment either by USPS or email by September 3rd to:

**The Gene Richmond Scholarship Program
685 Evergreen Circle
Poca, WV 25159**

**The Gene Richmond Scholarship Program
sigman73@icloud.com**