

## 2020 Scholarship Application

STUDENT NAME:		GRADE:	DATE OF BIRTH:
ADDRESS:		PARENT NAME:	
		CELL:	
PHONE:	(home) (cell)	PARENT NAME:	
EMAIL:		CELL:	
CURRENTS	SCHOOL:		
INTERACT	MEMBER (CHECK ONE): YES NO IF YES	, YEARS OF PARTICIPA	TION:
INTENDED	COLLEGE(S) OR POST-SECONDARY SCHOOL:		
EDUCATIONAL & CAREER GOALS:			
SCHOLASTIC HONORS/ACHIEVEMENTS:			
SCHOOL ACTIVITIES AND CLUBS (INCLUDING SPORTS):			
	TY SERVICE:		
Common			
LEADERSHIP ROLES:			
	AND INTERESTS:		
TODDIES F			

If there is anything else you'd like us to know, please attach on separate sheet.