

MEMORIAL VOCATIONAL SCHOLARSHIP APPLICATION

You must either type or print all your answers neatly in ink. Application response may be sent via email to (**INSERT EMAIL OR ADDRESS**)

1.	Name								
	Last	First				M.I.			
	Permanent Mailing Address								
	Number and Street								
	City	State		Zip	 E	-mail			
	Telephone	Birth	Date						
				Month	Day	Year			
High	School Information								
<u></u>									
2.	What year did/will you receive a h	igh school diploma?			_				
	High School Name or GED		Cou	inty		State			
3.	High school students only (yes/no)								
0.									
4.	Composite Test Score ACT	or	SAT_						
Highe	er Education Information								
<u></u>									
5.	Institution Credits Received			• • • • • • • • • •					
	(If Applicant attended a college/un community college, but did not ear	-							

Institution Attended	Field of Study
Credits/Degree Earned	
Year(s)Attended	

continued:

	Institution Attended Credits/Degree Earned Year(s) Attended			tudy
	Credits/Degree Earn Year(s) Attended	l ned		
Instit	utional Information			
6.	List Current/Accepted for Er	rollment Accredited In	stitution	
	Accredited Institution			
	Address: Number and Stree			
	City	State	Zip	E-mail
	Individual Contact:			
	Telephone Contact:			
	Field of Study:			
	Start Date:	P	rojected Date of Grad	uation:

CERTIFICATION ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.

Applicant Name (Printed) _____

Signature

Date

Attachments Required:

- 1. Academic Records
- 2. Demonstration of Financial Need
- 3. Personal or Family Circumstances as Applicable
- 4. Statement of Career Goals and Objectives
- 5. Documentation of School and Community Activities
- 6. References