

Employee Scholarship Application

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____ Current Assignment: _____

Family Information

Number of dependent children (excluding applicant): _____ Ages: _____

Academic Information

What College/Course/Class do you plan to attend with scholarship funds?

Career goal: _____

Financial Information

Have you received other Scholarships/Grants? Yes _____ No _____
(If yes, please list the name and amount)

Signature

Applicant: _____
Print Name Signature

Date: _____

Received by Memorial: _____
Name & Date

Reviewed: _____ Selected/Not Selected: _____
Date