

Chaps Gray Memorial Scholarship

Name _____

Address _____

Any special circumstances affecting your financial need: _____

Name of College/School/Training program you will attend: _____

High School Sports Participation: _____

Please return this application with the following:

- Resume or list of school and community activities, jobs, etc.
- One (1) letter of recommendation from a teacher
- An essay stating your future goals

Deadline to return to Ms. Karla Jarvis is April 14th..