ETHAN BENNETT MEMORIAL SCHOLARSHIP

DUE DATE: March 1, 2023		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
STUDENT PERSONAL EMAIL:		
PHONE:	DATE OF BIRTH:	
PARENT/GUARDIAN(S):		
RELATION TO APPLICANT:		
GRADUATION DATE:/		
THIS LETTER SHOULD BE 500 WORDS	DE A HIGH SCHOOL TRANSCRIP – 3.5 (cumulative 7 th semester) WHO SCORED AT LEAST 33 IN R APPLICANT DESCRIBING INVOLVE ST SECONDARY EDUCATION GOVE 6 OR LESS. School to release my academic,	VEMENT IN COMMUNITY SERVICE, ALS, AND YOUR CAREER/LIFE GOALS. attendance, and behavior record to the
STUDENT'S SIGNATURE:		DATE://
PARENT/GUARDIAN'S SIGNATURE:_		DATE://
SCHOLASTIC PROFILE (counselor will co	omplete after you submit your con	npleted application)
YOUR HIGH SCHOOL TRANSCRIPT WILI	BE ATTACHED BY A COUNSELOR	
CLASS RANK:/	GPA:/4.0	
SAT SCORE:	ACT SCORE:	
COUNSELOR'S SIGNATURE:		DATE://