

DAVID BOWEN MEMORIAL SCHOLARSHIP APPLICATION

NAME _____

RESIDENCE ADDRESS: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME _____ OCCUPATION: _____

AVERAGE FAMILY INCOME: _____

GRADE POINT AVERAGE _____ RANK IN CLASS: _____

HONORS COURSES TAKEN: _____

DUAL CREDIT COURSES TAKEN: _____

COLLEGE/UNIVERSITY: 1ST CHOICE _____

2ND CHOICE _____

HAVE YOU BEEN ACCEPTED AT ONE OR BOTH: _____

CHOSEN DEGREE PLAN:

MAJOR _____ MINOR: _____

HAVE YOU RECEIVED ANY SCHOLARSHIPS, GRANTS OR MONETARY AWARDS?

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIPS? _____

IF SO WHAT ARE THEY? _____

DO YOU INTEND TO APPLY FOR FINANCIAL AID? _____

STUDENT LOANS: _____

HOW MANY FAMILY MEMBERS, FROM YOUR HOUSEHOLD, WILL BE IN COLLEGE
(COUNTING YOURSELF) _____

(FOR THE FOLLOWING QUESTIONS YOU MAY ATTACH ADITIONAL PAGES IF YOU WISH BUT BE BRIEF.)

LIST YOUR PRESENT SUBJECTS IN ORDER OF PREFERENCE:

WHY HAVE YOU SELECTED THE DREGREE PLAN THAT YOU HAVE AND HOW WILL THIS SCHOLARSHIP HELP YOU ACHIEVE YOUR GOALS?

WHAT OPPORTUNITIES HAVE YOU PARTICIPATED IN DURING HIGH SCHOOL THAT HAS CONTRIBUTED TO YOUR COMMUNITY? _____

LIST EXTRACIRRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED: _____

LIST THREE (3) REFERENCES NOT RELATED TO YOU & THIER CONTACT INFORMATION:

1 _____

2 _____

3 _____