

**ANTHONY MONROE MEMORIAL SCHOLARSHIP**  
**APPLICATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Multi Media Course Title(s) for which you would like a scholarship:  
\_\_\_\_\_

Briefly describe your previous experience in Multi Media:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your Media educational goals & how would this scholarship assist you in attaining them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare all information provided by me is true and correct. The information on this form is needed to adjudicate the Private Scholarship competition and will be used to determine the best candidates. (If you have any questions about the use of this information, please contact the Anthony Monroe Memorial Scholarship coordinator at 400-0817)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>For Office Use Only</p> <p>Scholarship Amount Awarded: \$ _____</p> <p>Date: _____</p> <p>Notes:</p> <p>_____ _____ _____ _____ _____</p> <p>Chairman/Coordinator Signature _____ Date _____</p>
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