APPLICATION FORM

E. H. HENRY MEMORIAL SCHOLARSHIP

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

PARENT'S NAME: _____

AGE: _____ DATE OF BIRTH: _____

NAME OF HIGH SCHOOL:_____

WHAT PERCENT OF YOUR COLLEGE EDUCATION MUST YOU PAY FOR YOURSELF?
(CIRCLE ONE.) 100% 75% 50% 25% 0%

NUMBER OF BROTHERS AND SISTERS: _____ LIST THEIR AGES: _____

COLLEGE ENTRANCE TEST SCORES: ACT_____SAT_____
APPROXIMATE G.P.A. ____

LIST HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL:

_____

_____

_____

LIST ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL:

_____

_____

_____

LIST YOUR HOBBY(S):_____

_____

E. H. HENRY MEMORIAL SCHOLARSHIP APPLICATION (CONTINUED)

LIST ANY SKILLS: _____

_____

LIST COMMUNITY ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL:

_____

_____

HAVE YOU EVER USED DRUGS? YES_____NO_____

MARITAL STATUS: SINGLE_____MARRIED_____DIVORCED_____

WRITE A BRIEF STATEMENT TELLING WHY YOU FEEL YOU COULD BENEFIT FROM A COLLEGE EDUCATION. USE THE BACK OF THIS SHEET.

_____

_____

_____

PLEASE ATTACH A LETTER OF RECOMMENDATION FROM A FACULTY MEMBER OR COMMUNITY PERSON.

IN SIGNING THIS APPLICATION, THE APPLICANT VERIFIES THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PARENT'S
SIGNATURE:_____DATE:_____