APPLICATION FORM
H. M. AND HETTIE PAGE GARWOOD SCHOLARSHIP

NAME:_____ PHONE: _____

MAILING ADDRESS: _____ AGE: _____

PARENT'S NAME: _____ DATE OF BIRTH: _____

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

DO YOU OWN A CAR OF YOUR OWN? YES _____ NO _____
COLLEGE MAJOR: _____ APPROXIMATE HIGH SCHOOL AVERAGE: ____

COLLEGE CHOICES: 1ST _____ 2ND _____
LIST THE COLLEGE ENTRANCE TESTS TAKEN:

TEST: _____ DATE: _____ SCORE: _____
TEST: _____ DATE: _____ SCORE: _____

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

LIST HONORS RECEIVED WHILE IN HIGH SCHOOL: _____

_____

_____

_____

_____

_____

_____

H.M. & HETTIE PAGE GARWOOD SCHOLARSHIP (cont'd)

WRITE A BRIEF STATEMENT TELLING WHY YOU DESIRE A COLLEGE EDUCATION.

USE THE BACK IF NECESSARY.

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

DATE _____ SIGNATURE _____