Jim Zaske Memorial Scholarship Application

APPLICANT DATA						
NAME: LAST		FIRST	MIDDLE IN	NITIAL		
MAILING ADDRESS:						
CITY:		, <u>MN</u> ZIP:	, <u>MN</u> ZIP:			
PHONE:						
DATE OF BIRTH: M	ONTH	DAY	YEAR			
TRANSCRIPT DATA (S	Student please attach a ti	ranscript)				
CLASS RANK CLASS S		SS SIZE	CUM GPA			
ARENTAL DATA VAME: LAST		FIRST	MIDDLE IN	NITIAL		
		post Secondary School for valications for admission have		ted (if unknown, please		
School		City/State	City/State			
INTENDED MAJOR:		City/State				
Why are you choosing th	is school?					
WORK EXPERIENCE:						
Company	Dates: From	То	Hours/per week	Hourly rate		

GOALS AND ASPIRATIONS:

Write a brief paragraph describing your educational plans as they relate to your career objectives.

ACTIVITIES AWARDS AND HONORS:

List all school and community activities in which you have participated during the past four years. (example: student government, sports, choir, band, volunteer work). If more space is needed attach a separate sheet.

<u>ACTIVITY</u>	# of years participated	<u>Awards/Honors</u> <u>ACTIVITY</u>	# of years participated	Awards/Honors
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If there is a special honor or award that you would like to elaborate on. . . . List here: