

THE SHINN FAMILY MEMORIAL SCHOLARSHIP

(DUE DATE: _____)

April 1

Applicant Name: _____

Applicant Address: _____

Cumulative GPA: _____

School/Community activities, clubs, sports, etc.: _____

Future Educational Plans: _____

How are you paying for the educational plans? _____

List all scholarships and/or grants you have received or will be receiving toward your future educational plans: _____

Write a paragraph in your own handwriting explaining your special need for this scholarship money:

Two (2) Teacher/Coach/Advisor Signatures: "As a teacher/coach/advisor for the above student, I wholeheartedly believe he/she would be a quality recipient of the Shinn Family Scholarship based on merit, activities, and need."

1) _____

2) _____