



General Scholarship Application Form

(Please type or print)

Scholarship you are applying for: (check one)

- Decatur Community Jody Fredrickson Nursing and Health Glenn L. and Edna M. Mott Memorial
- Betts Family Erik Erickson Memorial

Please fill in all areas that apply, according to the specific requirements for each scholarship.

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address: _____

Social Security Number _____ Birth Date _____

Parent or legal guardian's name _____

Address _____ City _____ State _____ Zip _____

High School Name _____ Date of graduation _____

Cumulative Grade Point Average _____

Please list extra curricular activities in which you have participated during your Junior and Senior years in High School. (Or attach a resume.)

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

Post-Secondary school you are planning to attend or are currently attending: _____

What is your intended or declared major? _____

Signature

Date

Please attach an official copy of any required transcripts with this application.
Please attach any written essays or other documentation as required with this application.