



General Scholarship Application Form

(Please type or print)

- Scholarship you are applying for: (check one)
- | | | |
|-------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> YWCA Booker T. Washington | <input type="checkbox"/> Brian Clarke Garnett Memorial | <input type="checkbox"/> Alma Olson & Michael T. Olson |
| <input type="checkbox"/> Mary Olson & Viola Olson Gustafson | <input type="checkbox"/> David A. & M. Marguerite Parker | <input type="checkbox"/> Florence Evelyn Westhoff |
| <input type="checkbox"/> Mike & Mable Kelling | <input type="checkbox"/> Gayle & Evelyn Richmond | <input type="checkbox"/> Kelling-Tomlinson |

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 _____

Race/Ethnicity: This is an optional question for data collection purposes; however, if you are applying for an ethnic-specific scholarship, you need to provide this information.

- | | | |
|-------------------------------------------|------------------------------------------|--------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Cultural | |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American | |

High School Name _____ Date of graduation _____

Cumulative Grade Point Average _____

Evidence of financial need is required to be used in determining recipients in cases of equal merit. Please provide a copy of the FAFSA with your completed application.

FAFSA information provided is: _____ actual _____ estimated.

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

- Attach a resume listing extra curricular activities in which you have participated during your Junior and Senior years in High School.
 - 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.