

# MEGAN'S MEMORY SCHOLARSHIP FOUNDATION APPLICATION FORM

## APPLICATION INSTRUCTIONS

**Deadline for application is August 1<sup>st</sup> - August 15<sup>th</sup> - No Exceptions**

Please type or print legibly in blue or black ink in the spaces provided.

## APPLICANT INFORMATION

Full Name of Applicant: \_\_\_\_\_  MALE  FEMALE

Home Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

## MOTHER/GUARDIAN INFORMATION

Mother/ Guardian Name: \_\_\_\_\_  LIVING  DECEASED

Mother's Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## FATHER/GUARDIAN INFORMATION

Father/ Guardian Name: \_\_\_\_\_  LIVING  DECEASED

Father's Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Father's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ACADEMIC INFORMATION**

HIGH SCHOOL OR HOME SCHOOL SENIORS FILL OUT THIS PORTION

Name of High School: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Institute you plan to attend: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Proposed College Major, Minor or Trade: \_\_\_\_\_

Estimate Annual Academic Expenses: \$\_\_\_\_\_ (fees, tuition, books and campus housing)

Have you enrolled or signed a letter of intent: \_\_\_Yes \_\_\_No

Are you applying for any other scholarships, grants or financial aid? \_\_\_Yes \_\_\_No

If yes, list those sources and include the dollar amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COLLEGE FRESHMEN PORTION

High School Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Institute you currently attend: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Estimate Annual Academic Expenses: \$\_\_\_\_\_ (fees, tuition, books and campus housing)

Estimated time of graduation: \_\_\_\_\_

Are you receiving other scholarships, grants or financial aid? \_\_\_Yes \_\_\_No

If yes, list those sources and include dollar amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# MEGAN'S MEMORY SCHOLARSHIP FOUNDATION

## LETTER OF RECOMMENDATION

Applicant Name: \_\_\_\_\_

\*Thank you for taking time to assist the evaluation of this applicant\*

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you known this individual, and in what capacity?

Describe why you believe this person is deserving of a scholarship.