

Megan's Memory Scholarship

APPLICATION INSTRUCTIONS

**DEADLINE FOR APPLICATION IS AUGUST 1ST- AUGUST 15TH — 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: _____

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ACADEMIC INFORMATION

****FILL OUT BELOW IF YOU ARE ENTERING YOUR SENIOR YEAR OF HIGH SCHOOL**

Name of High School: _____

City and State: _____ Phone #: _____

Institute you plan to attend: _____

City and State: _____ Phone #: _____

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:

****FILL OUT BELOW IF YOU ARE ENTERING YOUR FIRST YEAR AS A COLLEGE FRESHMAN**

Name of High School: _____

City and State: _____

Institute you currently attend: _____

City and State: _____ Phone #: _____

Course of Study: _____

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

