## 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 App	olicant:				
MALE FE	EMALE				
Home Address:	Street or PO Box	Cit	X.Y	State	Zip Code
Home Phone:		Ce	ell Phone:		
Date of Birth:		E	Email:		
MOTHER/GUAR	DIAN INFORMATION				
Mother/ Guardia	n Name:			LIVING _	DECEASED
Mother's Address: Street or PO Box City State Zip Code					
	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 Pl	hone:	

## **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: \_\_\_\_\_

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

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

Institute you currently attend:

City and State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Estimated time of graduation:	
Are you receiving other scholarships, grants or financial aid? Ye	esNo
If yes, list those sources and include dollar amount:	
List of any personal or competition accomplishments you wish to s	share: 
	/- N-
	Y X
I hereby certify that the statements recorded in this application are individual scholarship requirements set forth by Megan's Memory SI have provided a transcript, proof of good standing within competi and reference form. I understand that all decisions made by Megar Foundation Board are final and non-appealable. I accept the terms organizers and or any persons connected with the scholarship. I als statement presented in the application is found untrue, I will be dis	Scholarship Foundation. ition organization, essay n's Memory Scholarship s set forth by the board, so understand if any
Applicant Signature:	Date:
Print Name of Parent of Guardian:	
Parent or Guardian Signature:	Date: