

SCHOLARSHIP FUND APPLICATION

The applicant must complete this form in its entirety and sign and date at the bottom. Please attach an essay that includes scholastic standing, career goals, awards, community involvement, why you are deserving of this award and why you wish to be considered for the Scholarship Fund Reimbursement Program. Applicants must submit grade transcripts to show progress and completion. Please type or print clearly.

NAME OF APPLICANT: _____

EMPLOYEE OR DEPENDENT OF EMPLOYEE (Circle One)

IF DEPENDENT, WHAT IS EMPLOYEE'S NAME: _____

WHICH COMPANY DOES THE EMPLOYEE WORK FOR:

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF ACADEMIC INSTITUTION: _____

MAJOR: _____ OR CURRENT CLASSES: _____

YEAR OF GRADUATION: _____ HIGH SCHOOL OR COLLEGE (Circle One)

I certify that the information in this application and essay is complete and accurate to the best of my knowledge and belief.

Signature of Applicant

Date