

GOODPASTER MEMORIAL SCHOLARSHIP APPLICATION

(Application due date is May 3,2019 by noon)

NAME: _____ HOME TELEPHONE: _____

ADDRESS: _____
Street, Route, or Box City State Zip

PARENT or GUARDIAN:

	Father / Guardian	Mother / Guardian
NAME		
ADDRESS		
OCCUPATION		
PLACE of EMPLOYMENT		

Number living in household _____ How many siblings in college? _____

What are your education plans? _____

Give a statement of your financial need:

List extracurricular activities:

Tell about your interest in music:

GPA _____ ACT _____ CLASS RANK _____

• TRANSCRIPT ATTACHED