THE NUTRITION GROUP

NAME: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FATHER/GUARDIAN: _____ **OCCUPATION:** _____

MOTHER/GUARDIAN: _____ **OCCUPATION:** _____

OTHER DEPENDENT FAMILY MEMBERS: (BROTHERS/SISTERS)

_____

ACTIVITIES: List all high school, community, and church activities. (You may attach an additional sheet.)

ACTIVITY	YEARS	ACTIVITY	YEARS

EMPLOYMENT HISTORY: Please list employer, length of employment, and income.

EMPLOYER	DATES	HOURS	INCOME

POST SECONDARY ENROLLMENT: List schools you have been accepted to attend.

COLLEGE/UNIVERSITY	CITY	STATE

APPLICATIONS RETURNED TO THE COUNSELING OFFICE BY THE LAST FRIDAY IN MARCH

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Explain in 100-200 words, Why you should be considered for this scholarship.

APPLICATIONS RETURNED TO THE COUNSELING OFFICE BY THE LAST FRIDAY IN MARCH