

DORIS H. LINSLEY MEMORIAL SCHOLARSHIP APPLICATION



Criteria to Apply: Graduating senior education major, GPA of no less than 3.75/5.0 scale.

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 COUNSELING OFFICE BY LAST FRIDAY IN MARCH



DORIS H. LINSLEY MEMORIAL SCHOLARSHIP APPLICATION



Explain in 100-200 words, name a teacher who inspired you and why.

APPLICANT SIGNATURE: _____ PARENT SIGNATURE: _____

FOR OFFICE USE ONLY: GPA: _____ RANK: _____ ACT: _____ SAT: _____

Counselor Signature: _____ Date Received: _____

APPLICATIONS RETURNED TO COUNSELING OFFICE BY LAST FRIDAY IN MARCH