

ROLAND G. PARRISH SCHOLARSHIP

Scholarship Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			

EDUCATION

High School		Year graduating			
From		To		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
				Class rank & GPA	
Have you applied for admission to a college? If yes, please list college(s).			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Have you accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Have you accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Have you accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Have you accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please list your student number of the college/university you will be attending:

AFFILIATIONS

Briefly summarize your school, church and community activities. List any organizations which you are a member and any office(s) held.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that I must be enrolling in a 2 or 4-year school to further my education in academics or technical training. I affirm that the scholarship shall be paid directly to the school for tuition, fees, books, supplies or equipment required for courses at the educational institution. Lastly, I acknowledge that this award is a *non-renewable* scholarship valued up to \$2500.00.

Signature:

Date: