

**ED SOUCHEK MEMORIAL
SCHOLARSHIP APPLICATION**

NAME: _____

CLASS RANK _____ G.P.A. _____ ACT SCORE _____

COLLEGE YOU PLAN TO ATTEND: _____

STATE GENERALLY WHAT DEGREE OR DEGREES YOU PLAN TO OBTAIN AND YOUR CAREER PLANS:

ACTIVITIES YOU HAVE PARTICIPATED IN THE COMMUNITY:

HONORS YOU HAVE RECEIVED:

OTHER FINANCIAL AID YOU HAVE RECEIVED (TOTAL):

RETURN APPLICATION TO THE COUNSELOR'S OFFICE