**NELSON ALUMNI**

**SCHOLARSHIP APPLICATION**

**TO RECEIVE THIS SCHOLARSHIP YOU MUST ATTEND THE NELSON ALUMNI BANQUET, WHICH IS HELD THE SATURDAY OF MEMORIAL WEEKEND AT THE NELSON CITY AUDITORIUM. WATCH THE LOCAL PAPER FOR DETAILS.**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.P.A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL YOU PLAN TO ATTEND:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please do not put any identifying information in your application including your name and address. This top sheet will be removed from your application so the

Selection committee will not know who is applying.

Return this application to Mrs. Porter.

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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.

SCHOLARSHIPS OFFERED:

ACTIVITIES YOU HAVE PARTICIPATED IN THE COMMUNITY:

SUBMIT AN ESSAY OF 100 WORDS OR LESS ON: “THE IMPORTANCE OF YOUR EDUCATION FOR THE WELFARE OF OUR COMMUNITY.”