

HARVEY AND SHIRLEY WALKER MEMORIAL SCHOLARSHIP APPLICATION
FORM

Name _____

Email _____

Address _____

Parents' names (if under
21) _____

Name and location of the school you plan to attend

Type of program you plan to enroll in

Current High school cumulative grade point average _____

College cumulative grade point average _____ (attach a transcript)

Please answer the following questions. Use a separate sheet of paper if needed.

1. Why do you think you should be awarded this scholarship?
2. Have there been any circumstances that have affected your academic performance (illness in your family, divorce, financial problems, etc.)?
3. If you don't receive scholarships, how will you finance your education?
4. List community and school organizations you were involved with.

Date _____

Signature _____