

KATHERYN RUSSELL MEMORIAL SCHOLARSHIP APPLICATION FORM

"

Name _____

"

Address _____

"

Parents' Names (if under 21) _____

"

Name and location of school you plan to attend _____

"

Type of program you plan to enroll in _____

"

High school or college cumulative grade point average _____

"

Please answer the following questions. Use a separate page 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 _____