

**MICHAEL GERALD WEECES MEMORIAL SCHOLARSHIP
APPLICATION FORM**

Name

Email

Home Address

Telephone Number

Parent's Name and Address if a dependent student

Name and Location of School You Plan To Attend

Type of program you plan to enroll in

High School Cumulative GPA _____

College Cumulative GPA _____ (attach a transcript)

1. On a separate sheet of paper please give a brief profile of yourself.
2. What are your career plans?
3. Who inspired you to choose this career?
4. In your opinion what have been your best achievements?

Student Signature

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