

SUTLEY FAMILY SCHOLARSHIP
(\$500.00)

APPLICANT'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

PARENT'S NAME: _____ OCCUPATION: _____

OCCUPATION: _____

NO. OF CHILDREN IN FAMILY? _____ AGES: _____

ANY IN COLLEGE? _____ YES _____ NO IF SO, HOW MANY? _____

PLEASE MAKE A BRIEF STATEMENT WHY YOU WANT THIS SCHOLARSHIP:

STUDENT'S CUMULATIVE GRADE POINT AVG. _____ RANK IN CLASS _____

SCHOOL YOU PLAN TO ATTEND _____

FIELD OF STUDY _____

LIST ORGANIZATIONS AND ACTIVITIES IN WHICH YOU PARTICIPATED
DURING YOUR HIGH SCHOOL CAREER: _____

OTHER THAN THIS SCHOLARSHIP, HOW DO YOU PLAN TO FINANCE YOUR
COLLEGE EDUCATION? _____

WHY DO YOU THINK YOU HAVE A FINANCIAL NEED FOR THIS
SCHOLARSHIP? _____

*Attach two letters of recommendation: 1 from an educator and 1 from a community member.

APRIL 15TH