

CERRO GORDO HIGH SCHOOL ALUMNI MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PARENTS: _____

OCCUPATION _____

OCCUPATION _____

NAME AND ADDRESS OF COLLEGE PLANNING TO ATTEND

PLEASE ATTACH A LETTER DESCRIBING YOUR FINANCIAL NEED, CAREER GOALS, ACTIVITIES, AND WHY YOU FEEL YOU ARE A WORTHY CANDIDATE FOR THE ALUMNI SCHOLARSHIP.