Cy Warmanen Memorial Scholarship

STUDENT APPLICATION FORM

*** IMPORTANT***

All references are to be mailed or directly delivered to the guidance counselor.

Date of Applica	ation:		
Full Name:	(First)	(Middle)	(Last)
Home Address	::		
Age:	Phone:		Grade Point Average (GPA):
In what extra coutside of school		you participate: (I	nclude both in-school and volunteer activities
Did y ou work d	uring the school year?		If yes, how many hours/week?
Name of Collect	ge or University you pla	an to attend:	
Have you applied for Admission?			Have you been accepted?
Intended field of	of study:		
The Cy Warma		SELECTION arship will be av	CRITERIA warded to the student with the following
1. 2. 3. 4. 5.	music or dance.) Is an active membe	ership ability. Illence in a perfo r of a religious o ach a Personal Sta	ormance activity (e.g. drama, public speaking, congregation. tement, which includes their comments on how their
Signature of Applicant:			Date:

PARENT APPLICATION FORM

Name of parent or guardian completing this form:				
Home Address:				
Phone:				
Do you have dependants other then your own family or considered? If Yes, please explain:	other extenuating circumstances that should be			
Please note below any statements you may wish to mak Scholarship Selection Committee in consideration of the				
I hereby certify that the above statements are correct.				
Signature of Parent or Guardian:	Date:			
RELEASE OF INF	ORMATION			
I hereby certify that any information needed regarding method the Cy Warmanen Memorial Scholarship Selection Com				
Signature of Applicant:	Date:			