## <u>Millsap Elementary Memorial Scholarship</u> (For High School Seniors Only)

Please return to your counselor or Millsap by April 10, 2024

	High School:			
Name				M/F:
Last	First		Middle	
Cell Phone #	Email:			
Current Address:				
Street		City	State	Zip
What is your career goal?				
Have you been accepted for admi	ssion to college?			
If accepted, where will you attend	1?			
In what activities, organizations, s	societies, or clubs have yo	u been active	e?	
What honors, offices, or special re				Community)
Are you employed?	Но	urs per week	:	
Name and address of your employ	ver·			

Name of Parent(s) or Guardian(s):  List those who receive support from the head of your household:					
NAME	AGE	RELATIONSHIP	EMPLOYMENT OR SCHOOL		
Check the years that you attended First Season Third Fourth Fifth	ded Millsap:				
<u>MPORTANT:</u> Γhe following is to be attached	l to this information	n sheet:			
<ol> <li>An official high school tra</li> <li>Letter of recommendation</li> <li>Statement by applicant, in Elementary helped set y anticipated major in college</li> </ol>	from one of your on less than <b>500</b> wour goal of comp		iences and staff at Mills		
certify that the information sanowledge.	supplied in this info	ormation sheet is factual a	nd correct to the best of r		
Signature of Applicant:					

\*\* Scholarship recipients will be announced at Senior Awards Night \*\*