

HAZEL BOLANDER MEMORIAL SCHOLARSHIP

Due to counselor by April 30th

Name: _____

Address: _____

Birth Date: _____ Phone: _____

ACT Score: _____ Date taken: _____

GPA: _____ Class Rank: _____

Extra-curricular Activities in High School

| Activity | Year | Honors/Involvement |
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Community Service

| Activity | Year | Duties/Hours/Honors |
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Work Experience

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College/University and Major:

Signature

Date