

**KARLENE MAY MEMORIAL SCHOLARSHIP
APPLICATION**
(Business or business related field of study)

Name _____

Address _____

Phone Number: _____

Date of Birth _____

Parent's Names _____

ACADEMIC INFORMATION

GPA _____ ACT Score _____ Date Taken _____

Class Rank _____

CLUBS, ORGANIZATIONS, ACTIVITIES

List below any clubs or organizations participated in during high school. Included offices held. Also include sports participated in during high school.

POST-SECONDARY PLANS

Please write below where you plan on attending school and what field of study you plan to pursue.

RETURN APPLICATION TO: COUNSELOR BY APRIL 1.