

*Dr. Marshall E. Hollis Family Scouting
Scholarship Fund*
APPLICATION

NAME _____ SEX _____

HOME ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL ATTENDED _____

PARENTS' OR GUARDIANS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF CHILDREN LIVING AT HOME _____

NUMBER OF CHILDREN IN COLLEGE _____

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A
FOUR-YEAR EDUCATION? YES NO

IF YES, PLEASE EXPLAIN WHY _____

DO YOU PLAN TO BE A FULL-TIME STUDENT? _____ PLEASE EXPLAIN
YOUR FUTURE PLANS/FIELD OF STUDY: _____

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED _____

HIGH SCHOOL GRADE POINT AVERAGE _____ ACT SCORE _____

CLASS RANK _____ SAT SCORE* _____ VERBAL _____ MATH _____

*IF AVAILABLE

