

## Sadie Downs Memorial Scholarship Application

Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Age \_\_\_\_\_ GPA \_\_\_\_\_

Name of Parents or Guardians \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Will you attend college Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

List the colleges where you have applied: \_\_\_\_\_

\_\_\_\_\_

Future Plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extra Curricular Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church and Community \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School sports played and how long

\_\_\_\_\_

**Criteria for the Sadie Downs Memorial Scholarship Fund is as follows:**

1. Completed application
2. Minimum 2.75 GPA
3. Play two or more high school sports
4. Provide two recommendation letters from MHS teachers.
5. Write a short essay on “What did I learn from Sadie’s strength and resilience”

***Please submit your application and essay to your senior counselor by  
March 17, 2025***