

Ebba Sims Memorial Scholarship 2024 CLUB MEMBER SCHOLARSHIP APPLICATION

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
FATHER/GUARDIAN NAME	ADDRESS		PHOI	PHONE	
MOTHER/GUARDIAN NAME	ADDRESS		PHOI	PHONE	
HIGH SCHOOL	GPA		YEAR OF GRADUATION		
COLLEGE		GPA	DEGREE ACHIEVED/ PURSUING		
COLLEGE ADDRESS			START DATE		
Section 1 Please answer	the following guest	tions:			
If you are currently enrolled in a post-secondary program, please list your school's name, your program of study, and expected date of graduation.					
If not yet enrolled, list where you have submitted applications and expected date(s) of acceptance.					
Please list any extracurricular activities or community organizations to which you belong. Indicate any leadership positions held.					
Section 2 On a separate sheet of paper, please write an essay (minimum 1000 words, maximun 2,000 words) describing your goals for post-secondary education and how your membership at the Club has helped to prepare you for success in college and a future career.					
Section 3 Please provide all required supporting documents (transcript, recommendation letters, etc.)					
Signature of Applicant			Date		