



John Waldron Memorial "Just Checking In" Scholarship 2024 CLUB MEMBER SCHOLARSHIP APPLICATION

LAST NAME		FIRST NAME		MIDDL NAME	MIDDLE NAME	
MAILING ADDRESS		(CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	Į,	EMAIL ADDRESS			
FATHER/GUARDIAN NAME		ADDRESS		PHO	PHONE	
MOTHER/GUARDIAN NAME		ADDRESS		PHO	PHONE	
HIGH SCHOOL		(GPA	YEAR OF GRADUATION		
COLLEGE		(GPA	DEGREE ACHIEVED/ PURSUING		
COLLEGE ADDRESS				START DATE		
If not yet enrolled, list where y				eptance. ndicate any leadership positions l	neld	
Ticase list any extracamental e	icuvides of community of	ganizations to which	you belong. In	rateate any reduction positions i	iciu.	
words) describing hov your involvement at B	v you have demons oys & Girls Clubs of	strated a comm f Metro South.	itment to	minimum 1000 words, r leadership and good cit	izenship through	

Signature of Applicant _____