

## Ebba Sims Memorial Scholarship 2026 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	ADI	ADDRESS		PHONE	
MOTHER/GUARDIAN				PHONE	
NAME HIGH SCHOOL	ADI	GPA	YEAR OF GRADUATION	VL	
COLLEGE		GPA	DEGREE ACHIEVED/ PURSUING		
COLLEGE ADDRESS			START DATE		
	nswer the following qu				
If you are currently enrolled i	in a post-secondary program, plea	se list your school's name, your	program of study, and expect	ed date of graduation.	
If not yet enrolled, list when	re you have submitted application	ons and expected date(s) of ac	ceptance.		
Please list any extracurricul	ar activities or community organ	izations to which you belong.	Indicate any leadership posit	ions held.	
goals for post-secor	parate sheet of paper, padary education and ho le and a future career.				
Section 3   Please p	provide all required sup	porting documents (tr	anscript, recommend	dation letters, etc.)	
Signature of Applicant			Date		