



John Waldron Memorial "Just Checking In" Scholarship 2026 CLUB MEMBER SCHOLARSHIP APPLICATION

NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
FATHER/GUARDIAN NAME	ADDRESS		РНО	PHONE	
MOTHER/GUARDIAN NAME	ADDRESS		PHONE		
HIGH SCHOOL		GPA	YEAR OF GRADUATION		
COLLEGE		GPA	DEGREE ACHIEVED/ PURSUING		
COLLEGE ADDRESS			START DATE		
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	swer the following qu				
If you are currently enrolled in	a post-secondary program, plea	se list your school's name, you	ır program of study, and expect	ed date of graduation.	
If not yet enrolled, list where	you have submitted application	ons and expected date(s) of a	acceptance.		
Please list any extracurricular	activities or community organ	izations to which you belong	. Indicate any leadership posit	ions held.	
	erate sheet of paper, p sed a commitment to l Metro South.				
Section 3 Please pr	ovide all required sup	porting documents (transcript, recommen	dation letters, etc.)	
Signature of Applicant			Date		