

Brad Morris
Memorial Scholarship
Application for \$500.00
2nd Semester Payment

Deadline to apply is April 16.

Name _____

Address _____

Number in Class _____ ACT Score _____

Verification Signature: _____ (Counselor)

Career Plans/Goals/Anticipated Field of Study/College:

List the high school, church and community activities in which you've been involved.

List examples of your character, leadership and potential growth:

Submit Two letters of Recommendation:

1 from school personnel

1 from community individual

Signature _____

Date _____

For Office Use Only F/R _____ Counselor's Initials _____
