

## Joe Henson Memorial Scholarship

\$500.00

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

School you are planning to attend:

\_\_\_\_\_

Intended Field of Study: \_\_\_\_\_

Extracurricular activities during high school (including activities outside of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for this scholarship? :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_

\*\*\*RETURN TO GUIDANCE DEPT. BY APRIL 1<sup>st</sup>\*\*\*