

ALLEN MEMORIAL SCHOLARSHIP

This endowed scholarship was established in memory of Gerald and Louise Allen

(One, \$250 scholarship payable to the school of your choice at the beginning of the second semester.)

NAME (Last, First, Middle):

HOME ADDRESS (Street, City, State, Zip, County):

NAME OF PARENT/GUARDIAN:

HOME PHONE #:

DATE AND PLACE OF BIRTH:

Number in Senior Class: 43 Your class rank: Grade Point Average:

(May attach an Activities Resume in place of #1-4)

1. What student office did you hold in high school?
2. What high school honors or awards have you received?
3. What extra-curricular activities have you participated in while in high school?
4. What community or church activities have you participated in while in high school?

Essay: What are your goals and the field of work you plan to enter? (Future Plans)

Name and address of the school for which you have been accepted:

- ✓ Enclose a letter of recommendation from a High School staff member.
- ✓ Enclose a High School transcript.