

MARGARET YOST THOMAS MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Phone Number: _____

I will be attending the following school in the fall (proof of acceptance is required)

I will be majoring in: _____

GPA _____ (on a 4.0 scale) Attach copy of transcript

ACT Score _____ or SAT Score _____

List your community service activities, hobbies, outside interests and extracurricular activities:

Essay: In a maximum of 2 pages please answer the following questions:

Is your field of study **Education** or **Technical**? If Technical, list the high school technical classes you have taken.

How will you use your chosen field of study to advance?

What are your educational goals and professional objectives?

Applications must be completed & returned to the guidance office by May 1st