



APPLICANT INFORMATION

NAME: _____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____ AGE: _____

REGION 13 CLUB NAME: _____

AHA MEMBERSHIP NUMBER: _____

ACCREDITED COLLEGE, UNIVERSITY, OR VOCATIONAL/TECHNICAL SCHOOL YOU ARE PLANNING TO ATTEND:

MAJOR: _____ MINOR: _____

CAREER PLANS:

EDUCATIONAL BACKGROUND

List high schools attended - list most recent first:

Name of School:

Location:

Dates Attended:

High School GPA: _____

I plan to begin college in: _____
Month Year

ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT

THIS SECTION MUST BE SIGNED BY APPLICANT AND PARENT OR GUARDIAN.

My child is a senior in high school or is currently a freshman at an accredited college, university or vocational/technical school. I have reviewed this application for scholarship and it is true and accurate to the best of my knowledge.

Signature of Parent or Guardian

Date

The information in this application is true and accurate, to the best of my knowledge and I wrote the enclosed essay by myself.

Signature of Applicant

Date

Please return with a postmark of April 30th or earlier to:

Cathy Gage
Region 13 Youth Excellence Scholarship
6705 Payne Road
Indianapolis, IN 46203

