

Linda Ware Memorial Scholarship Application

Name: _____ Date of Birth: _____

Address: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Estimated Family Income: _____

Class Rank _____ **Number in Class** _____ **GPA** _____

Boyd High School Education/Career Course/Volunteer Experience:

Boyd High School Offices, Honors and Awards:

Education Involvement/Competitions

Are you employed? Yes _____ No _____ If yes, what type of work, and how many hours per week and how long employed?

Do you plan to work during college? Yes _____ No _____

