

THE EVERLINE MEMORIAL SCHOLARSHIP FUND

APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Social Security Number _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Parents or Guardians: _____

Occupation & Place of Employment _____

Number of Siblings _____ Are Other Siblings In College? _____

Please check the one which most nearly represents your combined family adjusted gross income:

_____ Under \$20,000 _____ \$40,000 to \$45,000

_____ \$20,000 to 30,000 _____ \$45,000 to \$50,000

_____ \$30,000 to 40,000 _____ Over \$50,000

STUDENT INFORMATION

Grade Point Average _____

School or College Planning To Attend _____

Have You been Accepted? _____ Tuition Cost Per Year _____

Major Field of Study Planned _____

List other forms of financial aid you have applied for: _____

List Interest, Hobbies, Extra Curricular Activities
(Attach a separate sheet, if necessary)

Indicate any leadership roles you have held _____

Signature of applicant _____ Date _____

Signature of parent _____ Date _____