SCHOLARSHIP FUND USE ONLY **(Do not fill in)**]	**FILLED OUT BY GUIDANCE COUNSELOR:**
]	Class rank ____out of _____Grade Pt. Avg. _____
Date Application Received: _____ Source: _____]	Other Scholarships Awarded_____ Amount _____
Notes: _____]	_____
_____]	_____
_____]	_____

The Scott Thomas Palmer Memorial Scholarship Fund®

Name _____ Date of Birth_____
(last) (first) (middle)

Home Address _____ Phone_____

_____ Soc. Sec. _____

Student E-mail address_____Student Cell Phone_____

High School _____GPA_____ Yr. of Graduation _____

List your current out-of-school activities (such as YMCA, 4-H, etc.) and community service (with dated of service and position held.)

_____

_____

List your high school extra-curricular activities, year of involvement, office held, if any. (such as clubs, organization, sports, etc.)

_____

_____

_____

List any special honors or awards you have received (such as National Merit Award, 4-H Merit Award, etc.)

_____

_____

What College/University you plan to attend next year. (Should you change your school choice or decide not to go on to school, please notify us.)

NAME OF SCHOOL	CITY, STATE	APPLIED?	ACCEPTED?	FINANCIAL AID?

What are the estimated costs for your next year at school? (Tuition, Fees, Books) _____ (Room & Board) _____

What is your proposed major field or interest area? _____

What type of career do you plan to pursue upon completion of college? _____

Why do you feel you should receive this scholarship? We would be particularly interested in any special circumstances which you feel the scholarship committee should know. This information could help them better understand why you are seeking scholarship assistance. (brief explanation, minimum 200 words, use the back of this page if you need additional space)

Student's Current Employer _____Job Title: _____ Average Weekly Hours: _____

List additional work experiences and dates of employment _____

_____

_____

_____

Primary Parent/Guardian's Name _____ Employer _____ Since _____
(mo/yr)

Primary Parent/Guardian's Address _____ Occupation _____

Second Parent/Guardian's Name _____ Employer _____ Since _____
(mo/yr)

Second Parent/Guardian's Address _____ Occupation _____

I hereby authorize the release of information related to my qualifications for this award. This information may include full name, address, official transcript, SAT scores, extracurricular and community involvement activities.

I hereby affirm, under penalty of loss of any award I may win, that the information I have provided is my original work and correct. In the event that information does change after submitting my application I promise to notify the Scott Thomas Palmer Memorial Scholarship Fund, Inc., immediately.

Photographs, and any other materials submitted with the application, including the application, become the property of the Scott Thomas Palmer Memorial Scholarship Fund®.

Student Signature_____Date_____

Parent approval of application being used by scholarship committees and released to news media:

_____
(Parent/Guardian's Signature)

Please attach Photograph

Note: If you want both parents listed in the paper, should you receive an award, please be sure to include both parents' names on this form.

DEADLINE: April 15

Please return this application to Guidance Department.

The Scott Thomas Palmer Memorial Scholarship Fund® is administered in accordance with IRS guidelines.