

LYNNE KROSS MEMORIAL SCHOLARSHIP

THE MONTROSE WOMEN'S CLUB

Applicant's Name: _____

Address: _____

Please answer the following questions:

1. Give the reasons why you feel that you have a financial need for this scholarship.

2. What major course(s) of study do you intend to pursue in furthering your education?

3. List the school(s) to which you have been accepted in order of your preference. If you have definitely decided to attend a particular school, merely list that school.

4. List any extracurricular activities you pursued, organizations to which you belong, or offices you have held during the past four years. List any special honors you have received.

5. At the present time, have you received any other financial aid towards your education?

6. If you have any further information or comments, which you feel are pertinent to your application, please explain them on the reverse side of this page.

REFERENCES:

Name: _____ Telephone No.: _____

Name: _____ Telephone No.: _____

Please return this completed application to the Guidance Office by May 19.

approx. #300
