

Please send application to the following address: BIGFOOT BEVERAGES LOCAL HIGH SCHOOL "BIG" SCHOLARSHIP

2440 NE 4th Street

Bend, OR 97701

dwibel@bigfootbeverages.com

APPLICATION FOR SCHOLARSHIP SUPPORT

STUDENT INFORMATION					
Last Name		First Name			
Date of Birth (mm/dd/yyyy)					
Name of High School			Year in School		
Cumulative GPA (on a 4.0 Scale)	unselor's Name		Counselor's Phone or Email		
camatative of A (on a 4.0 scale)	unscioi s itui	iic	counselor or more or amun		
Date, Time and Location of School's Sci	nolarship Presen	tation Assem	bly		
Cabaal Attandina in Fall 2016					
School Attending in Fall 2016					
Name of Parent or Legal Guardian	Phone Numb	er	Email Address		
86-11 Address (4)		City		les-s-	lat.
Mailing Address (1)		City		State	Zip
Mailing Address (2)		City		State	Zip
Please attach an additional pag	e ner section	if necessa	rv	1	
WHAT ARE YOUR EDCUATION				ND OBJE	CTIVES?
LIST YOUR ACADEMIC HONO	DC VIVIABUS	AND MEN	ARERCHID /	CTIVTIES	2
LIST TOOK ACADEMIC HONO	NO, AVVAINDO	AND MILIV	IDENSIII F	CTIVITE	,

LIST YOUR COMMUNITY SERVICE ACTIVITIES, HOBBIES, OUTSIDE INTERESTS AND EXTRACURRICULAR ACTIVITIES.						
PERSONAL ESSAY - WHAT IS YOUR STORY OF A BIGFOOT? (This can be truthful or fictional, but be creative. Possibly it's about a BIG accomplishment or about your BIG future plans or maybe you've even spotted the real Bigfoot! (1000 word limit please)						