THE WELLSTON JUNIOR STUDY CLUB SCHOLARSHIP

Please complete the follows	ing (type or print clearly):	
NAME:		
(Last)	(First)	(M.I.)
PERMANENT HOME AD	DRESS	
	(Number and Street	(Apt. #)
	HOME PHON	NE
(City, State)	(Zip)	
DOBDATE I (Month, Day, Year)	ENROLLED AT WELLSTON HIC	SH SCHOOL
NUMBER OF YEARS AT	TENDED GRADUATION	DATE
CUMULATIVE G.P.A	RANK IN CLA	ASS/
NUMBER OF BROTHERS	S & SISTERSAGES	.,,,,
S.A.T./A.C.T. HIGHEST S	CORE	
COMMUNITY AND SCHe and describe services)	OOL ORGANIZATIONS AND SE	ERVICES (Specify where,
AWARDS AND HONORS	RECEIVED	

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND (Include Address) School: City, State _____ HAVE YOU APPLIED TO A COLLEGE/UNIVERSITY_____ ACCEPTED _____ MOTHER'S OCCUPATION: FATHER'S OCCUPATION: **ON A SEPARATE PAGE AND ATTACHED TO THIS APPLICATION PLEASE TYPE YOUR ANSWER TO THE FOLLOWING QUESTION: "Why you are interested in pursuing a college education and how this scholarship will help you achieve your goal?" **PLEASE ATTACH THE FOLOWING: 1. TWO LETTERS OF REFERENCE (Only ONE from a Wellston City School Employee) 2. Copy of Transcript. Signature of Applicant Date Deadline: MARCH 18, 2016 – Turned in at the High School Office. **NOTE:** Recipient will receive a check after receipt of a copy of the student's fall

college schedule.