

**MUSTER FUNERAL HOMES MEMORIAL
SCHOLARSHIP APPLICATION**

PLEASE TYPE OR PRINT IN INK.

FULL LEGAL NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ **SEX:** _____ **MARITAL STATUS** _____

HOW MANY YEARS HAVE YOU LIVED IN MCLEAN COUNTY: _____

HAVE YOU HAD ANY MAJOR DISCIPLINARY REFERRALS
__ YES __ NO, IF YES, WHAT _____

WHAT IS YOUR ANTICIPATED MAJOR OR AREA OF STUDY? _____

PLEASE PROVIDE YOUR HIGH SCHOOL GPA: _____

**LIST THE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED AND
THE YEARS OF PARTICIPATION:** _____

**ARE YOU NOW EMPLOYED? YES __ NO __ IF YES, WHAT TYPE
OF WORK AND HOW MANY HOURS PER WEEK?** _____

**DESCRIBE YOUR OTHER WORK ACTIVITIES (SUCH AS FAMILY
FARM, HELPING AT HOME, FAMILY BUSINESS, ETC.):** _____

FATHER & MOTHER'S NAME AND ADDRESS: _____

**GIVE THE NUMBER OF DEPENDENT CHILDREN IN YOUR FAMILY
WHO ARE OF THE FOLLOWING: PRE-SCHOOL AGE:** _____

ELEMENTARY SCHOOL: _____ **HIGH SCHOOL:** _____

COLLEGE: _____ **OTHERS: (INCLUDE SELF):** _____

DO YOU ANTICIPATE RECEIVING ANY OTHER SCHOLARSHIPS? IF YES, LIST NAMES AND AMOUNTS OF AWARDS: _____

PROVIDE THE FOLLOWING INFORMATION:

HIGH SCHOOL GPA: _____ CLASS RANK _____ CLASS SIZE _____
ACT SCORES: E _____ M _____ R _____ SR _____ COMPOSITE _____

**MUSTER FUNERAL HOMES MEMORIAL
SCHOLARSHIP APPLICATION IS TO BE
MAILED TO THE FOLLOWING ADDRESS:**

**MUSTER FUNERAL HOMES
CALHOUN CHAPEL
PO BOX 160
CALHOUN, KY 42327**

ATTN: WILL MUSTER