



Julie's Helpers Memorial Scholarship

APPLICATION

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | BIRTHDATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|-------------------------------|-----------------------|---------------------------|
| GENDER | SOCIAL SECURITY NUMBER | MARITAL STATUS | TRIBAL AFFILIATION |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------------|----------------------|----------------------|----------------------|
| CURRENT MAILING ADDRESS | CITY | STATE | ZIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------------------|----------------------|----------------------|----------------------|
| PERMANENT MAILING ADDRESS | CITY | STATE | ZIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|------------------------|----------------------|
| PRIMARY PHONE | SECONDARY PHONE | EMAIL ADDRESS |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------------------|-----------------------|----------------------|----------------------|
| NAME OF COLLEGE OR UNIVERSITY | SCHOOL ADDRESS | CITY | STATE/ZIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|--------------------------|---------------------------------|
| MAJOR | # OF CREDIT HOURS | EXPECTED GRADUATION DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PLEASE CIRCLE ONE:

FRESHMAN

SOPHOMORE

JUNIOR

SENIOR

By signing below, I certify the information I have provided is true and correct to the best of my knowledge. I acknowledge that any information I have provided will be used solely for the purposes of this scholarship and will remain confidential. I further understand this is a one-time award that will be made payable to recipient and her selected college or university and that if selected for the award I authorize that the announcement and/or disclosure of the award may be made public.

Signature

Date