KRISTY M. LANDERS MEMORIAL SCHOLARSHIP APPLICATION

Please print or type)					Pg. 1 of 3
1. Full Name:La	st	First		Middle	
		r ar se		Iviruare	
2. Permanent Address:	St./RR/Box	City	County	State	Zip Code
3. (a) Home Ph #:		Cell Ph #:			
3. (b) e-mail Address:			4. Date of Bird	ih:	
5. Age: 6. Sex: _	7.* Ma	rital Status:*	8. U	S. Citizen:	
9. Immigrant Visa #: _		_ 10. Legal Resi	idence:	(State)
11. * Please indicate you	ır ethnic back	ground:* White	eBlack_	Ameri	can Indian
Asian His	panic				
12. Father/Stepfather/G	uardian:				
Address:					
Address: St./RF	t/Box	City	County	State	Zip Code
Occupation:		Name of	f Employer:		
Mother/Stepmothe	r/Guardian: .				
Address:	15.5				
St./RF	l/Box	City	County	State	Zip Code
Occupation:		Name of	f Employer:		
13. Names & ages of chi	ldren at home	including your	self:	`	
Name	Age	Name	Age		
Name	Age	Name	Age		
Name	Age	Name	Age	·	
14. Number in college 1	ext fall: (In	clude Yourself)	Management of the Control of the Con		
15. * Family Income Ra	ange:*	Under \$15,000	\$15	5,000 to \$29	,999
		\$30,000 to \$45,0			
NOTE: * You are not a appreciated. The answe scholarship.					

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	B. Have you applied for entrance to a college, university, vocational or trade-school? Yes No							
	C. Have you been accepted for admission to any college, university, vocational or trade school? Yes No							
21.	In your own words, tell why you want to attend college or vocational school.							
22.	A. ACT Score SAT S	core						
	Composite B. High school Avg,	verbai	MISITI	Total aduating class				
23.	Are you applying for financial aid?							
24.	A. Write a brief statement why you ne	ed this scholarship; how	it would help you fu	ther your education etc.				
	B. List any scholarships you have alr Name	Ѕоигсе		Amount				
25.	Do you own a car? Yes No Amount of monthly payments If "No" to above: How do you plan t	Who will make	payments?					
26.	List names & addresses of two adults NAME	, not relatives, who know ADDRESS	7 you & your parents	personally. PHONE #				
27.	Your signature			Date				
PLE TO:	ASE RETURN THIS APPLICATION A Muleshoe High School Counselors Mulsehoe High School Muleshoe, TX 79347	LONG WITH A COPY (OF YOUR TRANSCR	PT BY				
<u>ALL</u>	APPLICATIONS WILL BE REVIEWE	D BY THE BOARD OF	TRUSTEES & FINAL	ISTS WILL BE				

NOTIFIED FOR A PERSONAL INTERVIEW.

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