

Karen J. Soupiset Memorial Scholarship  
And  
Elkhart Education Association Scholarship application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ (Attach EHS transcript)

List all school and community activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College you plan to attend: \_\_\_\_\_

Field of Study: \_\_\_\_\_

How do you intend to finance your college education? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_