

TAMI SCHMIDT MEMORIAL SCHOLARSHIP

Student Name _____

Parents Name _____

Class Ranking _____

School Planning to Attend _____ Starting Date _____

Degree Striving For _____ Number of Years to Attain _____

What are your financial needs?

What other help will you receive?

Will you be a full time student? _____ Will you work part time _____

Where will you work if you get a part time job? _____

Student Name _____ Date _____