

ED AND ELSIE LAIR SCHOLARSHIP APPLICATION

February 9

(Please print or type)

NAME _____ BIRTH DATE _____

NAME OF PARENT OR GUARDIAN _____

PERMANENT ADDRESS OF PARENT OR GUARDIAN _____
(Street)

_____ (Town) _____ (State) _____ (zip)

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF BROTHERS AND SISTERS OLDER THAN YOU _____ YOUNGER _____

WHAT COLLEGE DO YOU PLAN TO ATTEND? _____

WHAT AREA OF STUDY ARE YOU GOING INTO? _____

G, P. A. _____ CLASS RANK _____ STUDENTS _____
(Must be 3.0 or over at the end of 7 semesters)

The applicant is responsible for getting the required letters of recommendations from faculty members, if requested.