

KAY WOOD MEMORIAL

Scholarship Application

Please Print

NAME: _____

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH: _____

PARENT OR GUARDIAN: _____

COLLEGE, UNIVERSITY, OR VOCATIONAL SCHOOL YOU PLAN TO ATTEND:

1st Choice: _____

2nd Choice: _____

ACT SCORE: _____

GPA: _____

CLASS RANK: _____

LIST OTHER FINANCIAL AID OR SCHOLARSHIPS YOU THINK YOU MAY RECEIVE:

HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES:

VOLUNTEER COMMUNITY ACTIVITIES/SERVICE:

HONORS AND AWARDS:

WORK EXPERIENCE:

BRIEFLY DISCUSS YOUR FUTURE PLANS AND WHY YOU DESERVE THIS SCHOLARSHIP:

Signature

Attach two letters of recommendation for this scholarship, preferably from a teacher, principal or community member.

Attach a copy of your transcript.

Award amount - **\$800** (Two (2) scholarships will be awarded)

APPLICATION DEADLINE IS April 20, 2020. Please mail completed application, letters of recommendation, and transcript to:

**Tammy Wood
P.O. Box 691
Flippin, AR 72634**