Bradshaw Memorial Scholarship

Must Major in Education Due April 28, 2017

Student Nar				
Address				
	City		State	Zip
Telephone			Social Security #	
High Schoo	1			
Address				
	City		State	Zip
Telephone				-
Student Sign	nature			
I.	College entra		score (ACT OR S.	AT)
	Note: Please cir	ele the type of ex	amination taken.	
	ACT Composite	OR SAT Comb	ined Score	
		ive High School g semester senion	Grade Point Avera r year	ge
		nt's classes for to	erms indicated	
Junior	l any honors clas Year Grade		nior Year 1 st Semes	ster Grade

IV. Extracurricular Activities – Organizations and Clubs (Show years of involvement: Also, please indicate any office held):				
involvement. Thiso, preuse indicate any office neral.				
Honors and Awards:				
Community or Other Activities:				
Work Activities – Are you employed Yes No If Yes, what type of work and how many hours per week do you work?				