

MARTY CONAUGHTY MEMORIAL SCHOLARSHIP

NAME : _____

ADDRESS: _____

PHONE NUMBER: _____

MOTHER'S NAME: _____ OCCUPATION: _____

FATHERS NAME: _____ OCCUPATION: _____

FAMILY INCOME: LESS THAN \$20,000 _____
 \$20,000 - \$30,000 _____
 \$30,000 - \$40,000 _____
 \$40,000 - \$50,000 _____
 MORE THAN \$50,000 _____

Winners may be asked to verify with appropriate tax forms.

WHAT COLLEGE/UNIVERSITY DO YOU PLAN TO ATTEND?

WHAT IS YOU PLANNED COLLEGE MAJOR?

ON THE BACK PLEASE WRITE A BRIEF STATEMENT CONCERNING YOUR CAREER PLANS AND YOUR FINANCIAL NEED FOR THIS SCHOLARSHIP.

I certify that, to the best of my knowledge, the statements made in this application are true and accurate.

STUDENT'S
SIGNATURE _____

To be completed by counselor or other school official
GPA _____ **CLASS RANK** _____ **ACT SCORE** _____

School Official Signature _____ **Date** _____