MINNIE AND BILL GLODICH
MEMORIAL SCHOLARSHIP

Applicant's Name:

Applicant's Address:

Telephone:

Class Rank: ACT Score: GPA:

Planned College Major:

Parents' Names: Father: Occupation:

Mother: Occupation:

FAMILY INCOME:
LESS THAN $15,000
[ ] $15,000 – 25,000
[ ] $25,000 – 35,000
[ ] $35,000 – 50,000
[ ] MORE THAN $50,000
WINNERS MAY BE ASKED TO VERIFY WITH APPROPRIATE TAX FORMS

Please write a brief statement concerning your career choice:

List college/university you plan to attend:

1.
2.

PLEASE NOTE: Financial need, academic ability, and the number of other scholarships won will be determining factors in the selection of a winner.

I certify that, to the best of my ability, the information given in this application is true and accurate.

Student's Signature: Date: