



Julie's Helpers Memorial Scholarship

APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	SOCIAL SECURITY NUMBER	MARITAL STATUS	TRIBAL AFFILIATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT MAILING ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMANENT MAILING ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF COLLEGE OR UNIVERSITY	SCHOOL ADDRESS	CITY	STATE/ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAJOR	# OF CREDIT HOURS	EXPECTED GRADUATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE CIRCLE ONE:

FRESHMAN

SOPHOMORE

JUNIOR

SENIOR

By signing below, I certify the information I have provided is true and correct to the best of my knowledge. I acknowledge that any information I have provided will be used solely for the purposes of this scholarship and will remain confidential. I further understand this is a one-time award that will be made payable to recipient and her selected college or university and that if selected for the award I authorize that the announcement and/or disclosure of the award may be made public.

Signature

Date