

## MICHAEL J. DEGEORGE MEMORIAL SCHOLARSHIP APPLICATION

Presented by Conroe Noon Kiwanis Club

Application must be filled out in detail and legible. Read carefully. Please type or print.

NAME:		
ADDRESS:		
PHONE:		
CITY/STATE:	ZIP:	
E-MAIL ADDRESS:		
FINANCIAL PROVIDER:		
FATHER'S NAME:		
OCCUPATION:	<del></del>	
ADDRESS:		
EMPLOYER:		
CITY/STATE:		
ANNUAL INCOME REPORTED ON PRESENT FEDERAL	INCOME TAX RETURN:	
Below \$25,000		
\$25,000 to 49,999		
\$50,000 to 74,999		
\$75,000 to 99,999		
\$100,000 to 149,999		
\$150,000 and greater		

MOTHER'S NAME:
EMPLOYER: ZIP: ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN: Below \$25,000
CITY/STATE: ZIP: ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN:Below \$25,000
ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN: Below \$25,000
Below \$25,000
\$25,000 to 49,999
\$50,000 to 74,999
\$75,000 to 99,999
\$100,000 to 149,999
\$150,000 and greater
LEGAL GUARDIAN:
OCCUPATION:
ADDRESS:
EMPLOYER:
CITY/STATE:          ZIP:
ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN:
Below \$25,000
\$25,000 to 49,999
\$50,000 to 74,999
\$75,000 to 99,999
\$100,000 to 149,999
\$150,000 and greater
WILL ANYBODY BE ASSISTING YOU FINANCIALLY?
WHO CLAIMED YOU ON LAST YEAR'S INCOME TAX RETURN?

NAMES AND AGES OF BROTHERS AND SISTERS LIVING AT HOME:				
NAMES AND AGES OF BROTHERS AND SISTERS WHO WILL BE ATTENDING COLLEGE NEXT YEAR:				
DO YOU WORK?				
IF SO, WHERE?				
HOW MANY HOURS PER WEEK?				
WILL IT BE NECESSARY FOR YOU TO PROVIDE PART OF THE FINANCING FOR YOUR				
EDUCATION? (PERCENT)				
WHAT COLLEGE DO YOU PLAN TO ATTEND?				
HAVE YOU APPLIED FOR ADMISSION?				
BEEN ACCEPTED?				
IN WHAT SUBJECT DO YOU PLAN TO MAJOR?				
WHAT IS YOUR CHOSEN VOCATION?				
HAVE YOU BEEN OFFERED ANY OTHER SCHOLARSHIP?				
IF SO, DID YOU ACCEPT?				
IF SO, WHAT KIND OF SCHOLARSHIP(S) & AMOUNT(S):				

D, WERE YOU GRANTED FINANCIAL AID		
'ES, PLEASE GIVE THE SPECIFICS OF YOUR		
ESTIMATED ANNUAL COLLEGE COS		
\$		
GRANTS	\$	
GOVERNMENT INSURED LOANS	\$	
TOTAL OF SCHOLARSHIPS	\$ \$	
WORK/STUDY CONTRIBUTIONS	\$	
TOTAL AID	\$	
TOTAL AID	Ψ	
IY DO YOU THINK HIGHER EDUCATION	S NECESSARY?	
ASE STATE YOUR NEED FOR A SCHOLAR	HIP & WHAT VALUE IT WOULD BE	E TO YOU.
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PLEASE LIS	ST NAMES, ADDRESSES & TELEPHONE NUMBER OF THREE REFERENCES:
1	
_	
_	
2	
_	
3	
_	
_	
PLEASE :	ATTACH A <u>WRITTEN</u> RECOMMENDATION BY A TEACHER AT YOUR HIGH 
	OTHER FACTS YOU WISH TO GIVE ABOUT YOURSELF IN SUPPORT OF YOUR TON FOR THIS SCHOLARSHIP.
	RA-CURRICULAR ACTIVITIES (SCHOOL, COMMUNITY, CHURCH, SERVICE CLUBS, ETC.) H YOU HAVE PARTICIPATED:
SENIOR Y	EAR:

JUNIOR YEAR:	
SOPHOMORE YEAR:	
FRESHMAN YEAR:	
LIST ANY HONORS YOU HAVE RECEIVED:	
TO BE FILLED IN BY COUNSELOR OR PRINCIP	AL:
GPA/SCALE:	
RANK IN CLASS/CLASS SIZE:	
SAT TOTAL:	
ACT COMPOSITE:	
COUNSELOR'S or PRINCIPAL'S SIGNATURE	
Signature:	DATE:
5151 17 11 51\L,	

## APPLICATION MUST BE RECEIVED BY April 17, 2020

P. O. Box 872
Conroe, Texas 77305
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