

BAYARD ALUMNI SCHOLARSHIP

NAME: _____

ADDRESS: _____

PHONE: _____ PARENTS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

LIST THE SCHOOLS TO WHICH YOU HAVE APPLIED:

LIST ALL SCHOLARSHIPS THAT YOU HAVE RECEIVED:

_____	\$ _____
_____	\$ _____
_____	\$ _____

AREA OF STUDY IN WHICH YOU PLAN TO MAJOR:

LIST THREE (3) PEOPLE THAT WILL GIVE YOU A RECOMMENDATION:

NAME ADDRESS

HIGH SCHOOL ACTIVITIES: (USE BACK IF NEEDED)

PLEASE RETURN THIS APPLICATION TO SENIOR CLASS COUNCELLOR
BY APRIL 15, 2011

DATE _____

SIGNATURE OF APPLICANT _____