

The A. F. ROBERTSON FAMILY MEMORIAL SCHOLARSHIP APPLICATION FORM

APPLICATION IS DUE IN COUNSELOR'S OFFICE BY MARCH 1

Date: _____

I. PERSONAL INFORMATION

Name: _____
(last) (first) (middle)

Home Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Residency: (circle) Indiana YES NO Jackson County YES NO
Brownstown Township YES NO Hamilton Township YES NO

History of Residency: _____

Father's Name: _____ Address: _____

Father's Occupation: _____

Mother's Name: _____ Address: _____

Mother's Occupation: _____

Number and ages of brothers and sisters: _____

Marital status of applicant: _____ If married spouse's name: _____

Spouse's Occupation: _____

Children: Number _____ Ages _____

Military Service: Draft Status _____ Have you been in the service? Yes No

If so date of service: _____

II. EDUCATION

Graduation or will graduate from _____ High school

Month _____ Day _____ Year _____

List Extra Curricular Activities in which you have participated in during you high school years.

What special recognition's have you received (awards, offices, etc.)?

What college or school do you plan to attend? _____

What college of study do you plan to follow? _____

III. OUT OF SCHOOL ACTIVITIES

List community, civic, and church activities in which you have participated.

List offices held, awards, etc. _____

IV. EMPLOYMENT

List all part time or full time jobs held to date _____

Are you presently employed? _____ By Whom? _____

