

BLADEN ALUMNI ASSOCIATION SCHOLARSHIP

APPLICATION FORM

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____

HOME PHONE NUMBER _____

Year you completed your high school requirements _____

School or place where you completed your High School requirements:

This \$200 scholarship will be paid to the college of your choice, for second semester of study. One of the applicant's parents or grandparents must be a graduate of Bladen Public School.

PARENT NAME _____

ADDRESS _____

CITY _____ STATE _____

Year parent/grandparent graduated from Bladen Public School _____

If mother graduated from Bladen HS, list her maiden name here: _____

Applicant Questions: Please answer each of the following questions.

What are your college plans?

What is your occupational choice?

List any honors you have received.

What is one community activity you participated in and explain how you have demonstrated leadership?

What is one accomplishment of which you are most proud?

Write a brief statement why you think you should be selected for this scholarship.

This completed form must be submitted by **May 1** to this Bladen Alumni Member:

Mr. Gerald Grandstaff
14890 West Powerline Road
Bladen, NE 68928

Signature of applicant _____

Date submitted _____