Jacks Creek Community Club Scholarship

Kathy Mays Memorial

Award Amount: \$1,000

Deadline: April 15, 2022

Name:E				Birth Date:		
Address:						
City:		State:		Zip:		
ACT/SAT Score:	GPA:		Class Rank:			
Honors you have received	in High School:					
Number in your immediat						
Number of family membe	rs in college currently:					
College you plan to attend	l:					
List three references that	can attest to your acaden	nic and financ	ial need:			
Name:	Address:				Phone Number:	
1						
2						
3						
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Please list other circumstances that the scholarship committee should know.

Use back of application or attach additional sheet if necessary.

Attach a copy of your transcript to this application.