

James L. Streater Memorial Scholarship

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cellular Telephone: _____

Parent/Guardian: _____ Parent/Guardian's Telephone: _____

Current High School: _____ GPA: _____

School's Street Address: _____

School's City: _____ School's State: _____ School's Zip Code: _____

School's Telephone: _____

Parental Information

Name of Father/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Approximate Annual Salary: _____

Employer: _____

Name of Mother/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Approximate Annual Salary: _____

Employer: _____

Number of Children Living at Home: _____ Number of Children Attending College: _____

List in order of preference three colleges, universities, or business schools where you have formally applied or plan to apply for admission.

Name of Institution:	Address:	Accepted Yes No

List school and community extracurricular activities including athletics, music, and any offices held. (If more space is needed, attach another sheet.)

List academic awards and/or honors received. (If more space is needed, attach another sheet.)

What organizations are you associated with and how?

What is community involvement?

What do you enjoy about your community?
