## Garry M. Welford Memorial Scholarship

## Scholarship Application

Name:			
(First)	(Middle)	(Last)	
Address:	City:	State:	Zip:
Phone:	Date of Birth:		
List the college or university	where you have been accepte	d. Indicate your cou	rse of study.
Describe how you plan to pa	ay for your educational expense	PS.	
List any honors, activities, a involvement OR attach your		mmunity, church, or	
	ng your belief in the importance e desired format of the essay sh		
Certification			
	on this form is true and complet the intent of the scholarship fur	-	•
Applicant Signature	 Da	te	