OLD SMOKEYS SCHOLARSHIP APPLICATION

NAME: _____
First M. Last

ADDRESS:

Street: _____

City, State & Zip: _____

EMAIL ADDRESS: _____

PHONE: Cell: _____ and/or Landline: _____

DATE OF BIRTH (mm/dd/yyyy): _____

OLD SMOKEYS SPONSOR (must be a current member): _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Anticipated field of study: _____

High School or College GPA: _____

Accepted College or University, or Vocation/Trade School:

I certify that all statements contained in this application and in the accompanying letter are true:

Date: _____

Applicant Signature: _____

Applications must be received by February 15th