



2020 Scholarship Application



Name

Address

City

State

Zip Code

Phone Number

Email Address

Date of Birth

/

/

FAIRWINDS Member #

High School Name

High School Address

High School Phone Number

Faculty Advisor's Name

Cumulative GPA: Weighted

Unweighted

SAT

ACT

What college do you plan to attend, and why?

I certify that all information provided is accurate. I understand that inaccurate information is reason for my application to be disqualified from consideration for the scholarship.

Applicant's Signature

Date

Signature of Parent or Legal Guardian if Applicant is Under 18 Years of Age

Date