

JOHN P. WAYNE SCHOLARSHIP FUND RETURN TO SCHOOL COUNSELOR

John P. Wayne Scholarship Fund Application

Due Date: April 3, 2024. No applications will be accepted after the due date. Applications must be typed.

Date:		
Name:		
Address:		
City, State, and Zip:		
Phone:		
Place of Birth:		
Date of Birth:		
1. Family - Parents and Siblings Names of parents and relationship	os of other persons residing in home (State ages of bro	thers and sisters, if any.)
Names	Relationship	Age
Occupation or Occupations of Pa	arents:	
2. Education - High School Prese	ently Attending	
Type of School	Name of School and Complete Mailing Address	No. Years
Current High School		
Other High Schools Attended, if applicable		

3. Extra-Curricular Activities and Year(s):				
4.	Community Activity/Activities and Year(s):			
5.	Hobbies:			
6.	Employment - List any Employment you have or ha			
	Name of Employer (Company): Dates of employment: From:			
	Name of Employer (Company) :			
	Dates of employment: From:			
	Name of Employer (Company):			
	Dates of employment: From:	_ To:		

7.	. Four-year College or University You Desire to Attend				
	College/University	Course of Study	Profession/Occupation		
8.	3. Class Rank:				
11	1. Anticipated Expenses for the Sci	nool Year			
	Expenses				
	Tuition and Fees				
	Room and Board				
	Books and Supplies				
	Clothing				
	Travel				
	Laundry				
	Other				
		TOTAL			
1:	12 Can You Defray any Part of The	ese Cost and Expenses? YES	NO		
	If YES, please state source and	approximate amount of such funds. If	FNO, please state reason.		
1.		mendation. (For example, one from your ers should state why you will be a success			
	college, moral character, etc.	ers should state why you will be a success	rai carialdate at a four year		
1	14. Attach Transcript including SAT S	Scores.			

15. Provi have	de a statement in played in your pas	the space below in st, your present, an	which you addre d will play in you	ess the role that your rfuture. (Limited to	our Community ar o the space provided l	nd School below.)
16. Provi space	de a statement as provided below.)	to why you feel yo	u have a financia	l need for this sch	olarship. (Limited to	o the
Signature _				Date		