**APPLICATION**

**Greene County Retired Teachers Memorial Scholarship**

|  |  |
| --- | --- |
| **Name** | **Age** |
| **Address** | **Telephone number** |
| **School** | **Parents** |
| **A.G.P.A.** | **OFFICE USE ONLY....GPA VERIFICATION** |

**LEADERSHIP:** Provide the scholarship committee with information concerning leadership activities.

 School

 Community

**SERVICE:** Provide the scholarship committee with information concerning volunteer activities.

 School

 Community

**EXTRA CURRICULAR ACTIVITIES**:

 Write a short narrative concerning your future plans.

 What four year college do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_