ELMORE COUNTY REPUBLICANS (ECREC) ANNUAL SCHOLARSHIP APPLICATION*

NAME _____
Last First Middle

ADDRESS _____ _____ _____ _____
Street City Zip

Age _____ Date of Birth _____ SSN(last four): xxx-xx-_____

Phone number: _____ E-mail Address: _____

High School Attending _____ GPA _____ SAT _____ ACT _____

Institutions Accepted _____

Planned Course of Study _____

Please list any other scholarships you have received and the amounts _____

_____

Honors Received and year _____

_____

List involvement in sports or other school activities _____

_____

Hobbies _____

Church you attend and activities involved (optional)_____

REFERENCES: Give three names, addresses and telephone numbers of local principal, teacher or minister and one local citizen (non-relative) who has known you at least two years.

NAME: _____ Address:_____

Phone number: _____

NAME: _____ Address _____

Phone number: _____

NAME: _____ Address _____

Phone number: _____

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to the ECREC to contact my school, if necessary, and to

use my name, likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant _____ Date_____

*No political affiliation is required to apply for this scholarship

Form A