

**2026 APPLICATION
ELLEN STEWART MEMORIAL SCHOLARSHIP
SCHOOL NUTRITION ASSOCIATION-CATAWBA COUNTY CHAPTER**

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER () _____ DATE OF BIRTH _____

SCHOOL CURRENTLY ATTENDING _____

NAME OF PARENT(S)/GUARDIAN _____

ADDRESS _____

HOUSEHOLD INCOME _____ TOTAL FAMILY MEMBERS _____

TOTAL NUMBER OF FAMILY MEMBERS CURRENTLY ENROLLED FULL TIME AT A
COLLEGE/UNIVERSITY _____

NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND

EXTRA CURRICULAR ACTIVITIES

ATHLETICS

COMMUNITY/CHURCH INVOLVEMENT

HONORS/AWARDS/SPECIAL RECOGNITIONS

WORK EXPERIENCE

APPLICANT SIGNATURE _____ DATE _____