

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 \_\_\_\_\_