

Elinor Troicke Memorial Scholarship

Application - Page 1

Personal Information

First Name: _____ Last Name: _____

Home Address: _____ Cell Phone: (____) _____
_____ E-Mail: _____

Mailing Address (If different from Home Address): _____

Educational Information

High School: _____

Current GPA: _____ Expected Graduation Date: _____

List Related High School Courses Successfully Completed (Including Honors & AP) With Final Grade:

Course	Final Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SAT Score: _____ ACT Score: _____

College of Enrollment (Beginning Next Fall): _____

Major: _____ Minor: _____

Extracurricular Activities *(*Indicate if role involves volunteering)*

Activity	Roles and Responsibilities
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

