



Memorial Scholarship Application

Applicant Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____ Call: _____
Street Address

_____ Class: _____
City State ZIP Code

Phone: () _____ E-mail Address: _____

Social Security No.: _____

Can you be claimed as a dependent on someone else's Federal Tax return? (Ex. Parents) YES NO

Are you presently, or will you be, the beneficiary of any other scholarships or grants? YES NO

If yes, please list donors and amount: _____

While in school, were you on the Dean's list or a similar honor list? YES NO # Quarters _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List the Schools you have applied to, and if you have been accepted:

_____ YES NO

References

Please list two references not related to you.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____



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Personal

What is your major field of study: _____

What degree(s) do you expect to receive: _____

Why have you selected this field of study: _____

What would you most like to do as a life's work: _____

Why do you feel the need for a scholarship: _____

List any school, civic or other awards you have received: _____

Amateur Radio

List other licensed Amateurs in your family (Name and Call): _____

Are you a member of: ARRL ARES RACES RARA Other: _____

List any Amateur Radio organizations you are or have been a member of and any offices held: _____

What aspects of Amateur Radio interest you most and how active are you in them: _____

Describe any equipment you have constructed: _____



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Extracurricular Interests

Please list your other hobbies, and sports: _____

List any other activities in which you are involved: _____

Employment

Does your employer offer any education assistance? If so, how much? _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____