Grant Community Club Scholarship Application

Name:			
(last name) (first name)	(middle initial) (nickname)		
I plan to attend:(name of college or u	Start Date:		
Full Time:	Part Time:		
Intended Major:			
Current Address:			
City:	State: Zip:		
Mailing Address:			
City:	State: Zip:		
Home Phone:	Cell Phone:		
Sex: F M Age: Soc	ial Security Number:		
Date of Birth: / / /	_ Country of Birth:		
E-Mail:	THIS EMAIL & TEXT MESSAGES OFTEN.		
Number of Festivals worked: List all Schools attended starting with the most	(where this year)		

Name of School	Major	From	То	Year Grad

Signature: _____ Date: _____

** I understand that failure to provide the required information before June 1st will nullify my application. I further understand that volunteering or completing the application process in no way is a guarantee for an award. **