Spencer Flerchinger Scholarship Application Form

Make a copy of this before filling it out.

PERSONAL INFORMATION

YOUR NAME:

YOUR ADDRESS:

FAMILY INFORMATION

FATHER'S NAME:

OCCUPATION:

MOTHER'S NAME:

OCCUPATION:

FIRST NAME(S) AND AGE(S) OF BROTHERS AND SISTERS DEPENDENT ON YOUR PARENTS (EXCLUDE YOURSELF)

NUMBER OF THESE ENROLLED IN COLLEGE:

COLLEGE INFORMATION

WHAT SCHOOL DO YOU PLAN TO ATTEND IN THE NEXT YEAR?

LOCATION:

INTENDED AREA OF STUDY:

HIGH SCHOOL STATUS

HIGH SCHOOL GPA:

CLASS RANK:

SAT SCORE (IF AVAILABLE):

ACT SCORE (IF AVAILABLE):

ACTIVITIES

LIST ORGANIZATIONS TO WHICH YOU HAVE BELONGED OR CURRENTLY BELONG AND ACTIVITIES IN WHICH YOU HAVE TAKEN PART. INCLUDE ANY OFFICES YOU HAVE HELD OR HONORS RECEIVED. MENTION SCHOOL, COMMUNITY, AND ATHLETIC INVOLVEMENT.

GOALS

EXPLAIN YOUR REASONS FOR FURTHERING YOUR EDUCATION, TELLING OF YOUR FUTURE GOALS. EXPLAIN WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP, AND WHY YOU BELIEVE YOURSELF TO BE A WORTHY RECIPIENT.

REFERENCES

LIST THE NAMES AND ADDRESSES OF TWO PEOPLE NOT RELATED TO YOU (OTHER THAN YOUR HIGH SCHOOL PRINCIPAL OR COUNSELOR) THAT YOU CAN USE FOR A REFERENCE. *ONE OF YOUR REFERENCES MUST BE ANOTHER STUDENT IN YOUR CLASS.* **REFERENCE LETTERS MUST BE SUBMITTED WITH THE APPLICATION**.

NAME: OCCUPATION:

ADDRESS:

PHONE NUMBER:

NAME: OCCUPATION:

ADDRESS:

PHONE NUMBER:

SIGNATURE _____ DATE _____

APPLICATION MUST BE TURNED IN TO MRS. WILCOX BY END OF THE SCHOOL DAY MAY 4, 2026