

APPLICATION FOR ROCKY IVEY MEMORIAL SCHOLARSHIP

Full Name: _____

Home Address: _____

Telephone No.: _____

Date of Birth: _____

Social Security No.: _____

Father's Name: _____

Father's Address: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Address: _____

Mother's Occupation: _____

Gross Family Income: _____

Number of Children in Family: _____ Ages: _____

Number of Children in College: _____

College or University to be Attended: _____

(Copy of Letter of Acceptance Must be Attached)

High School GPA: _____

Participation in activities, offices and honors:

School: _____

Community or Church: _____
