

EULA HARRISON MEMORIAL SCHOLARSHIP

(Value - \$250)

Due March 15

Student Name: _____

Address: _____

Name of Parent(s)/Guardian: _____

Educational Institution I Plan to Attend:

First Choice: _____

Second Choice: _____

Area of Study: _____

High School Activity Participation (please check):

_____ Athletics

_____ FBLA

_____ Art Club

_____ Campus Bowl

_____ Music

_____ FFA

_____ NHS

_____ Student Council

_____ Spanish Club

_____ Other: _____

Describe Any Work Experience:

Applicant Signature: _____

Date: _____