



2009 Technology Scholarship Grant

South Page Seniors, College Springs

1. Student Name: _____

2. Home Street Address: _____

P.O. Box: _____

City, State, Zip Code: _____

3. Daytime Phone: _____

Evening Phone: _____

4. Parent or Legal Guardian: _____

5. College/University/Technical School Planning to attend: _____

Street Address: _____

City, State, Zip Code: _____

6. Planned Major/Field of Study: _____

7. Do you plan to obtain a bachelor's degree in this or a related field? (circle one): Yes No

\$500.00 to be awarded after the first completed semester of technical school or college with a passing grade (with a transcript from the school or college for verification)

Scholastic Record (to be completed by your High School Guidance Department only)

Contact Name: _____ Contact Number: _____

ACT and/or SAT Score: _____ Class Ranking: _____

Number of Graduating Students: _____

School Officials Name & Title: _____

School Officials Number: _____

Please Attach a Copy of the Student's Transcript and Test Scores

