



2009 Technology Scholarship Grant  
West Nodaway Seniors, Burlington Junction

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

