

Dr. David Mullis Scholarship

Any application not completed fully will not be considered for any scholarship. Therefore, please read all instructions carefully.

1. All items must be answered: However if an item is not applicable, place "N/A" in the space provided.
2. An official copy of your current high school or college transcript MUST be attached.
3. Please include the first page of your parents' Federal Income Tax Return. If not living at home, provide a copy of your return.

Applicant Name _____

Maiden Name _____

Address _____

Home Phone _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Marital Status _____ Gender _____

List Family Members

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Guardian's Name _____ Occupation _____

List Members of Household

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

PSAT Scores CR _____ W _____ Math _____ Date Taken _____

SAT Scores CR _____ W _____ (or combined CR&W) _____ Math _____ Date Taken _____

Class Rank _____ Year of graduation _____

School You Plan to Attend _____

Major Course of Study _____

Applicant's estimate of educational expenses for school year: Total _____

Books _____ Tuition _____ Room and Board _____

Do you plan to stay on campus or commute _____

List three personal references:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Why have you chosen this course of study for your line of work?

How will you obtain the additional money to support your education?

Provide:

- List of extracurricular activities, honors, awards, offices held, etc.

Signature

DEADLINE: MAY 1

Send To: Chris Johnson
401 Castle Ct.
Avon, IN 461234