GFWC-NC Sallie Southall Cotten Scholarship Application Form (Please copy for future use.)

To Be Completed By Sponsoring Club

COL	nplete the following before delivering application	to applicant.		
Clu		wn		District
Clu	President	To		
Mai	ling Address			
	al Scholarship Contest will be held (date	Place		
Dist	rict Scholarship Chairman			N. N. L.
Mai	ling Address			hone Number
Dis	rict Scholarship Contest will be held (date)	Place		
To	Be Completed by Student			
				数据的 电大型工作
AP	PLICANT'S FULL NAME	4 20	Marie Service	Date
НО	ME ADDRESS			
BIF	TH DATEPHONE (home)		PHONE (cell
AP	PLICANT'S EMAIL			
1)	School	G	raduation Date	*
	Name of Father/Guardian			
	Address		Occupation	on
3)	Name of Mother	6.5		
	AddressOccupation			
4)	How many persons are dependent upon your pa	rents?		
5)	Give ages of brother(s)	S		
			ister(s	
6)	How many brothers	and/or sis	ster(s sters	are in college?
	How many brothers Name colleges	and/or sis	sters	are in conege?
	Name colleges Did your parents attend college? Father	and/or sis	Mother	are in conege:
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