

Coach Clark Scholarship

Supporting the Fighters
Admiring the Survivors
Honoring the Fallen
And Never Giving Up Hope

SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PARENTS/GUARDIANS: _____ PHONE: _____

Name of College or University, which you are planning on attending:

COLLEGE/UNIVERSITY: _____

Is the College/University you are planning on attending an accredited school? Yes / No

Will you be attending College/University as a full-time (12 credits minimum) _____ or part-time (6 credit minimum) student _____?

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. 250-500 word essay telling us about yourself, who you are, and your life goals
2. Extra-Curricular Activities
3. High School Transcript
4. Two letters of Recommendations
5. Due by May 15th
6. Please remit to

Coach Clark Scholarship
C/O Mary Clark
419 S 8th St
Nyssa, OR 97913