

JULIE FUNTAL

MEMORIAL SCHOLARSHIP

NAME

(LAST)

(FIRST)

(MI)

ADDRESS

(STREET)

(CITY)

(ZIP)

DATE OF BIRTH

PHONE NUMBER

HIGH SCHOOL OF GRADUATION _____

DATE OF GRADUATION _____

NAME OF POST-SECONDARY INSTITUTION

ADDRESS _____

(check all that apply)

FOUR YEAR COLLEGE _____

TECHNICAL SCHOOL _____

COMMUNITY COLLEGE _____

MILITARY _____

ACCREDITED _____

ANTICIPATED GRADUATION FROM SECONDARY EDUCATION _____

MAJOR FIELD OF STUDY _____

CAREER GOALS _____