

CAROL B. WESTER MEMORIAL SCHOLARSHIP

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Father's full name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's full name \_\_\_\_\_ Occupation \_\_\_\_\_

State any unusual family financial expenses in recent years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you plan to do this coming summer? \_\_\_\_\_

\_\_\_\_\_

If you have not worked during the past two summer vacations, how have vacations been spent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you had a part time job this school year, approximately how many hours did you work per week? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

Cum Grade Point Average: \_\_\_\_\_



