

## COTTER ALUMNI ASSOCIATION SCHOLARSHIP

Student's Name: \_\_\_\_\_

Mother, Father and/or Guardian's Name: \_\_\_\_\_

Did your Mother, Father, Grandparents, and/or Guardian Graduate from Cotter?  
Yes or No \_\_\_\_\_ If Yes, what are their names and what year did they graduate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Rank: \_\_\_\_\_

Class Size: \_\_\_\_\_

GPA: \_\_\_\_\_

Where do you plan to attend college? \_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Have you received any other local scholarships at this time? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please list the Name of the Scholarship and Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Return to Ms. Kray by Friday, March 16, 2018.