

TED BULLARD MEMORIAL SCHOLARSHIP

Name _____ Date of Birth _____

Address _____ Phone _____

Parents _____

Years lived in Buna _____ Rank _____ Number in Class _____ GPA _____
(Attach a transcript and a copy of your latest report card.)

Number of years you have participated in the Buna HS football program – _____

SCHOLASTIC AWARDS AND HONORS (Honor Roll, National Honor Society, Dept Awards, etc.)

<u>Year</u>	<u>Award or Honor</u>
_____	_____
_____	_____
_____	_____

OTHER ACTIVITIES (Clubs, Sports, Band, Church, Community)

_____	_____
_____	_____
_____	_____

NUMBER OF FAMILY MEMBERS AT HOME _____ NUMBER ATTENDING COLLEGE _____

COLLEGE PREFERENCE _____

INTENDED MAJOR _____ DEGREE DESIRED _____

Family Financial Status: Full Support ☐ Partial ☐ None ☐

STATE WHY YOU DESIRE THIS SCHOLARSHIP.

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT _____