

TROY DALE GATLIN MEMORIAL SCHOLARSHIP

Name _____ Date of Birth _____
Address _____ SS # _____
Parents _____ Phone # _____

Years Lived in Buna _____ Class Rank _____ GPA _____

Scholastic Awards(Honor Roll, NHS, etc.) (Attach another page if more space is needed)
Year(s) Award or Honor

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Club memberships, Newspaper, Yearbook, Athletics, Extra-curricular, UIL, Community & Church Activities. (Attach another page if more space is needed.)

Year(s) Office, Award, Activity

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

College or University Preference _____

Degree Desired : _____

Please include two letters of recommendation. One must be from a teacher.

Name

Phone Number

_____	_____
_____	_____

Briefly tell me about yourself and your future goals.