

**WADE REESE MEMORIAL SCHOLARSHIP**  
**(Founder of Buna Little Dribblers Program)**

**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 participated in the Little Dribblers 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** \_\_\_\_\_