Sarah Sanders Memorial Scholarship
Sponsored By: West End UMC-Crossroads Class

NAME: _____

ADDRESS: _____

_____ STATE_____ ZIP_____

TELEPHONE _____

HIGH SCHOOL ACTIVITIES: _____

_____ _____

_____ _____

_____ _____

OTHER SCHOLARSHIPS RECEIVED: _____

_____ _____

COLLEGES WHERE ACCEPTED & COA (AS REPORTED BY COLLEGE):

_____ _____ _____ _____

Please explain below what motivated the field of study you have chosen:

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PLEASE RETURN THIS COMPLETED FORM TO GUIDANCE BY APRIL 20, 2018.

ATTACH 2 LETTERS FROM TEACHERS YOU HAVE HAD SUPPORTING YOUR CAREER CHOICE.

By signing this application I agree to attend the senior awards banquet on May 3rd. _____

Signature & Date