APPLICATION FOR THE CODY THOMPSON MEMORIAL SCHOLARSHIP

Please print or type all information. DEADLINE: 2ND FRIDAY IN MARCH

FAMILY PROB	FILE			
NAME:				
	First ıll legal name – No nickn	Middle ames, please)	Last	
PERMANENT	ADDRESS:			
Street Number				
City	State	Zip Code	County	
MAILING AD	DRESS (if different f	from above):		
Street Number				
City	State	Zip Code	County	
HOME PHON	E NUMBER:			
CELL PHONE	NUMBER:			
EMAIL ADDR	ESS:			
BIRTH DATE:				
PLACE OF BI	RTH:			
GENDER:				
ARE PARENT LIVING TOGE		CED SEPARATED	WIDOWED/DECEASED _	
FATHER'S NA	ME:	OCCUPATION:		
MOTHER'S N	AME:	OCCUPATION:		
CIDLING'S NAI	.			

ACADEMIC PROFILE						
HIGH SCHOOL(s) NAME ATTENDED:						
NAME OF COLLEGE / TRADE SCHOOL ATTENDED / ATTENDING:						
NAME OF MAJOR:						
SCHOLARSHIPS YOU HAVE RECEIVED SO FAR:						
Scholarship Name	Amount					
HIGH SCHOOL GPA: CLASS RANK:						
COLLEGE GPA: TOTAL COLLEGE HOURS:		-				
EXTRACURRICULAR PARTICIPATION						
LIST AND DESCRIBE SCHOOL ACTIVITIES IN WHICH YOU INVOLVED WITH AS A STUDENT IN HIGH SCHOOL.	WERE	SIGNIFICANTLY				
Name of Activity (NO ABBREVIATIONS)		Year (s)				
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LEADERSHIP AND AWARDS LIST AND DESCRIBE YOUR MOST SIGNIFICANT LEADERSH AND/OR AWARDS EXTENDED TO YOU WHILE A STUDENT I Leadership / Awards (NO ABBREVIATIONS)	IIP ROLES, H
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WORK ETHIC	
LIST ALL EMPLOYERS FOR WHOM YOU HAVE WORKED FO	R WHILE IN
Employer Duties	Dates

LIST AND DESCRIBE COMMUNITY AND/OR CHURCH ACTIVITIES IN WHICH YOU

		emorial Scholarship, we strive to not judge s but more importantly by character and grit.	omeone only by academics and		
		answer the following questions in a brief ma How has your academic, athletic, employm service experience molded you into the ind	ent, religious, and/or community		
	3.	What adversity have you overcome and how vision for your future? Who or whom has been the most influentia adversity and shape your future? Who has formed your worldview on work of the state of the sta	w has that experience shaped your l in helping you overcome that		
	Provide one letter of reference addressed to the CT Memorial Scholarship from an adult you have known more than one year that is not a relative.				
	Copy	of your high school and / or college transcrip	ot.		
give pe	ermissio	he information in this application is correct to for this information to be released to the correct I may be eligible.			
Signati	ure		Date		