| Fernley Republican WomenmARGARET SPOONER MEMORIAL Scholarship Application | | | |
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| **$1000 scholarship. Required criteria:** If 18 or older, applicant must be a registered Republican and attend Yerington High School. If under 18, applicant’s parent or guardian must be a registered Republican. Applicant must be a female accepted to or currently enrolled in an accredited school of higher education and must provide a completed application, original school transcripts, SAT & ACT scores if applicable, and two letters of recommendation; and must have a grade point average of 3.5 or above. Preference will be considered for the following: applicant/parent/guardian are members of or have volunteered with Republican clubs/organizations, including fundraising activities, or attended local meetings; and have good spelling, grammar, sentence structure and format, etc. This scholarship will be paid directly to the school of choice upon verification of enrollment. Rev**.** 01/2023 | | | |
| Applicant Information | | | |
| Name: | | DOB: | |
| Current School: | | Phone: | |
| Mailing address: | | | |
| City: | State: | ZIP Code: | |
| Name and contact number of registered Republican (applicant/parent/guardian): | | | |
| Grade point average (GPA): | | | |
| education plans | | | |
| Name of school you plan to attend or are attending: | | | |
| School contact: | | | |
| Mailing address: | | Phone: | |
| City: | State: | ZIP Code: | |
| In what do you plan to major: | | | |
| Future education goals (if you need more space, please attach): | | | |
| HIGH SCHOOL MAJORS/AREAS OF SPECIAL STUDY - extracurricular activies – any employment/volunteer | | | |
| Describe your studies/interests and what is special or impressive about you. If you need more space, please attach. | | | |
| honors you have received | | | |
| List any honors received and include the date(s) of receipt. | | | |
| authorization(s) | | | |
| I certify that the information provided herein is accurate. I authorize the release of my grade point average (GPA), transcripts, SAT/ACT. | | | |
| Applicant signature: | | | Date: |
| Parent/Guardian signature if under age 18: | | | Date: |
| submittal instructions and deadline | | | |
| Mail to: FRW Scholarship Committee Chair, P.O. Box 412, Fernley, NV 89408.  **Submittal deadline: May 15, 2023** | | | |
| www.FERNLEYREPUBLICANWOMEN.COM | | | |