



FLORA ELIZABETH BOUTZ EDWARDS ENDOWMENT SCHOLARSHIP

Applicant Information

Name:

Mailing Address:

GPA: (7 semester)

Number of Days Missed (7 semesters)

College you are planning to attend:

Intended major:

Career goals:

School Extra-Curricular Activities

Please list all high school extra-curricular activities you have been involved in including the number of years involved.

School/Community Involvement

Please all school and community involvement including the number of years.



REFERENCE EVALUATION FLORA ELIZABETH BOUTZ EDWARDS ENDOWMENT SCHOLARSHIP

NAME OF APPLICANT _____

NAME OF EVALUATOR _____

How do you know the applicant? _____

Place a check in the appropriate box to rate the applicant in terms of citizenship:

	SUPERIOR	EXCELLENT	AVERAGE	FAIR	POOR
ATTITUDE					
EFFORT					
COOPERATION					
RELIABILITY					
SELF-DISCIPLINE					

REQUIRED: Comment on the applicant's character:

Please sign and date and then return to Mrs. Breth in the envelope provided before April 15, 2019.

Sign _____ Date _____