

GENERAL INFORMATION

Applicant's name: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

High School Attended: _____ Date Graduated: _____

Most Current Semester GPA: _____ Cumulative GPA: _____

School Address: _____ City: _____ State: _____ Zip: _____

College or University Attending (If Currently Enrolled): _____

Most Current College Semester (If Currently Enrolled) GPA: _____

Cumulative College (If Currently Enrolled) GPA: _____

College or University You Plan To Attend: _____

Have You Been Accepted: _____ Degree/Course In Which You Plan To Major: _____

What Is Your Current Preferred Career Choice(s): _____

Have You Ever Applied For A Scholarship From IACCR: _____

List Any Other Scholarship (s) You Are A Candidate For (Scholastic, Athletic, Work, etc.):

Signature of Applicant

Sponsor's Name: _____ Title: _____

(Member Sponsor must be current with his/her dues)

Relationship to Applicant: _____

Have you ever applied for a scholarship for this student or for any other member of your family?: _____

If yes, did the applicant receive a scholarship from this Association? If yes, give details: _____

State reasons why you think the applicant merits consideration to receive the scholarship from our Association:
If necessary, you may attach additional documentation.

Signature of Sponsor