



THE COMMUNITY FOUNDATION

Sally Gordon Memorial Scholarship

Due: April 30

Name: _____ Telephone Number: (____) _____

Address: _____ Email: _____

_____ Gender MALE FEMALE

HS Cumulative Unweighted GPA _____ Class Standing: _____ of _____

Name of Intended College: _____ Field of Study: _____

College Address: _____

Approximate Cost of Study for one year: _____

List Extra Curricular Activities:

List any Awards and Scholarships Received:

Please attach a brief, one page, single spaced (font size 12), essay on the theme: **“The funniest thing that happened to me during high school”**. Submit your application to the guidance office by April 30th. Applications will be reviewed by the scholarship committee to determine the student who best meets the criteria of the scholarship.

Applicant _____ Date: _____

Parent/Guardian _____ Date: _____