

FRINK ALUMNI SCHOLARSHIP APPLICATION

Type or print in ink, attach copy of most recent transcript. Submit a resume and two \*letters of recommendation from your high school. College students need not submit letters of recommendation.

Names of the person(s) sponsoring (parent/grandparent) this applicant, and the Alumni chapter they are a affiliated with

\_\_\_\_\_

\_\_\_\_\_

Application for academic Year \_\_\_\_\_

full name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street/P.O. BOX City/State Zip Code

Social Security Number (for school identification purpose) \_\_\_\_\_, Phone Number \_\_\_\_\_

Name and address of college/university you are attending or planning to attend \_\_\_\_\_

\_\_\_\_\_

\*\*Curriculum/Major \_\_\_\_\_

Parents full names, addresses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are currently enrolled in college check here( ) High School Graduates check here ( ), and enter your GPA \_\_\_\_\_

What is your academic level (check one)  
Freshman \_\_ Sophomore \_\_ Junior \_\_ Senior \_\_ Graduate School \_\_ Grade Point Average \_\_\_\_\_

May we contact you by E-Mail? \_\_\_\_\_, if so please give your E-Mail address \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Applications should be POST MARKED no later than APRIL 15<sup>th</sup>

\*Letters of recommendation should be on official stationary.

\*\*Application packet should include an essay of fifty (50) words or less stating the applicants career objective/goals.

Mail completed application packet to LaGrange-Frink Alumni and Friends Association, Attention: Scholarship Grant Foundation, P. O. Box 424, LaGrange, NC 28551.