

**TOM NELSON MEMORIAL**  
**SCHOLARSHIP APPLICATION**

Deadline: February 28, 2020. Return to counseling office.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

High school \_\_\_\_\_ Graduation Date \_\_\_\_\_

Parents' name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ I have applied to \_\_\_\_\_  
(colleges or universities)

\_\_\_ I have been accepted to \_\_\_\_\_  
(colleges or universities)

I participated in the following athletic programs:

1. Golf \_\_\_\_\_ Fresh \_\_\_ Soph \_\_\_ Jr \_\_\_ Sr years

Honors earned? \_\_\_\_\_

2. \_\_\_\_\_ Fresh \_\_\_ Soph \_\_\_ Jr \_\_\_ Sr years

Honors earned? \_\_\_\_\_

3. \_\_\_\_\_ Fresh \_\_\_ Soph \_\_\_ Jr \_\_\_ Sr years

Honors earned? \_\_\_\_\_

Please attach a one to two-page discussion about your plans and how this scholarship will help you attain them.

Please attach two letters of recommendation (no more than one page each.)