

2024 EDISON PARK COMMUNITY COUNCIL SCHOLARSHIP

APPLICATION (Please print or type)

Applicant Information

Name of Applicant: _____
(First) (Middle) (Last)

Applicant's Home Address: _____
(Number and Street) (City, State) (Zip)

Phone: (____) _____ - _____ Email: _____

Name of Applicant's
Parent/Guardian: _____
(First) (Middle) (Last)

Parent/Guardian's
Home Address: _____
(Number and Street) (City, State) (Zip)

Parent/Guardian's
Phone: (____) _____ - _____ Email: _____

High School Information

Name of Applicant's High School: _____

High School Address: _____
(Number and Street) (City, State) (Zip)

High School Phone Number: (____) _____ - _____

Expected graduation date: ____ / ____ / ____

College/Trade School Information

Accredited College, University, or trade school you plan to attend:

Address of College: _____
(Number and Street) (City, State) (Zip)

College Phone Number: (____) _____ - _____

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How did you learn about the Edison Park Community Council Scholarship?

I hereby apply for the Edison Park Community Council Scholarship, agree to abide by the decision of the judges, and acknowledge and agree that if awarded the Scholarship my winning essay, name, and photograph may be published and/or disseminated by the Edison Park Community Council.

(Signature of Applicant)

_____/_____/_____
(Date)