

APPLICATION FOR SCHOG SCHOLARSHIP 20__

TODAY'S DATE: _____

FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

HOME PHONE (WITH AREA CODE FIRST): _____

SOCIAL SECURITY NUMBER: _____

NAME AND ADDRESS OF THE SCHOOL YOU ARE CURRENTLY

ATTENDING: _____

NAME OF THE COLLEGE/UNIVERSITY/TRADE SCHOOL YOU WANT TO

ATTEND: _____

NAME OF PERSON REFERRING YOU, AND YOUR RELATION TO THAT PERSON: _____

ON A SEPARATE SHEET OF PAPER, PLEASE TELL US HOW YOU HEARD OF OUR SCHOLARSHIP, WHAT YOU PLAN TO STUDY AS YOU FURTHER YOUR EDUCATION, AND WHY YOU WANT THIS SCHOLARSHIP.

**HAND DELIVER TO A SCHOG MEMBER OR MAIL TO:
DONNA JOHNSON
789 MUSAGO RUN
LAKE MARY, FL 32746-2251**