# 2024 Barbara Fleenor Memorial Scholarship

## Criteria:

This scholarship is open to all graduating seniors furthering their education.

Complete Application

Submit a transcript with your application.

#### **Amount:**

\$1,000

### Deadline:

Submit completed application to the guidance office by NOON, May 3, 2024.

# Barbara Fleenor Memorial Scholarship

Type or Print All information in Black Ink
Please attach a transcript with this application

The state of the s	ent Name:School:						
dress:Phone:							
Parent Information							
		Add	Address:				
Occupation:		Con	Company:				
Father's Name:		Address:					
Occupation:		Company:					
Student information nee	ded for se	elected sch	nolarships	:			
1. In what community s	service orga	anizations ar	e your pare	nts' active r	nembers?		
2. Have you worked dur	ring your sc	hool career	? Designate	e location ar	nd hours/weeks.		
3. Have either of your pa	arents serv	ed in the Arn	ned Forces	?			
School Honors, Awards	and Activ	vities (may	attach stu	dent resu			
School Honors, Awards	and Activ	rities (may	attach stu	Grade 12			
School Honors, Awards					me if desired)		
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School Honors, Awards					me if desired)		
School Honors, Awards					me if desired)		
School Honors, Awards					me if desired)		

Community Honors, Awards , Activities, Jobs (may attach student resume if desired)

			T		
	Grade 9	Grade 10	Grade 11	Grade 12	Offices Held
	ll .				
List scholarships and amo	ount you ha	ve receive	d or expec	t to receiv	<b>9</b> :
Schools applied to:			Ac	cepted?	
Intended Major: Diploma type: Academic H Are you a Twenty-First Ce	Honors	_ Technica		Core	<del>2</del> 40
Family Financial Informati purpose other than determining	on: This info	ormation is stred when that is	ictly confider s a criteria of	ntial and will r the scholars	not be used for any hip.
Please have parent/s complete Gross Family Income: (may b Under \$20,000 \$21,000-40,000 \$41,000-60,000	e subject to v — —		80,000 \$100,000	nost recent IF	S tax return.
Is child support received in the Is child support expended from Is Social Security income and Number of family members who Number of children under age	the househo for disability po will be atter 18 living in ho	ld? payments recending college usehold:	eived in the hat least half-t	ime:	
Please explain any personal a	nd/or family o	onditions that	should be c	onsidered wh	en evaluating this

Please explain any personal and/or family conditions that should be considered when evaluating this application: (You may attach a separate page if necessary.)