

**TENSAS REUNION, INCORPORATED
SCHOLARSHIP APPLICATION**

Write a brief biographical sketch describing your hobbies, interests and any other activities which brought about an increased desire to further your education.

Parent/Guardian Consent

As the parent/guardian of the applicant, I certify that this applicant has my permission to apply for the Tensas Reunion, Inc. Scholarship and I will be responsible for his/her observing the regulations set forth.

SIGNATURE _____ **DATE** _____



TENSAS REUNION, INCORPORATED SCHOLARSHIP APPLICATION

APPLICANT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

SEX: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF PARENT / GUARDIAN: _____ PHONE NUMBER: _____

NAME OF RELATIVE ASSOCIATED WITH TENSAS REUNION, INC.:

HIGH SCHOOL ATTEND: _____

GRADE POINT AVG.: _____ GRADUATING CLASS SIZE: _____ CLASS RANK: _____

NAME OF UNIVERSITY/COLLEGE YOU PLAN TO ENROLL: _____

NAME OF CAREER YOU PLAN TO PURSUE: _____

LIST SIGNIFICANT SCHOOL ACTIVITIES, LEADERSHIP POSITIONS, AND HONOR RECOGNITION. CHECK THE GRADES WHEN THE ACTIVITIES OCCURRED.

ACTIVITIES	9TH GRADE	10TH GRADE	11TH GRADE	12TH GRADE	LIST LEADERSHIP POSITIONS/HONORS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(CONTINUED ON NEXT PAGE)

LIST COMMUNITY ACTIVITIES: _____

SUBMISSION

SEND ALL MATERIALS ON OR BEFORE APRIL 30 TO:

**LINDA GODLEY, SCHOLARSHIP CHAIRPERSON
TENSAS REUNION, INC.
PO Box 204
Waterproof, LA 71375-0204**



Or email: godley@alcorn.edu

I HEREBY AFFIRM THAT I HAVE COMPLIED WITH REQUIREMENTS AND WILL ABIDE BY SELECTED REGULATIONS IF I AM CHOSEN.

APPLICANT SIGNATURE

DATE