

Gerald L. Cooper Memorial Scholarship

Please fill out the information and return to the school counselor. Application will be reviewed by Gerald L. Cooper Memorial scholarship committee. DUE: APRIL 1st.

Students Name _____

Birth Date _____ **Gender** _____

Address _____

Telephone _____

Parent(s)/Guardian

What college or tech. school do you plan to attend

What will be your major course of study

What activities have you participated in during high school:

What is your grade point avg. _____ **Class rank** _____

Community organizations in which you are involved:

Please give a brief description of how you have served your school, church and community:

Signature of Applicant _____ **Date** _____