

# LARRY L. BERRY MEMORIAL SCHOLARSHIP

## GRANT APPLICATION

Student's Full Name \_\_\_\_\_

Student's parents/guardians name \_\_\_\_\_

Student's address \_\_\_\_\_

Date of birth \_\_\_\_\_

Date will graduate \_\_\_\_\_

Rank in class \_\_\_\_\_ Scholastic average \_\_\_\_\_

Name of college to which you have been accepted \_\_\_\_\_

Purpose of attending \_\_\_\_\_

Subject matter area you wish to take \_\_\_\_\_

Honors and awards \_\_\_\_\_

\_\_\_\_\_

Offices held in class/school organizations \_\_\_\_\_

\_\_\_\_\_

Record of participation in extracurricular school activities \_\_\_\_\_

\_\_\_\_\_

Out of school activities, offices, awards, etc. \_\_\_\_\_

\_\_\_\_\_

Civic activities \_\_\_\_\_

\_\_\_\_\_

Positions held if employed full/part time \_\_\_\_\_

**Signature of gift scholarship grant  
applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

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