

COOPERATIVE OIL SCHOLARSHIP APPLICATION

STUDENT'S NAME _____

PARENT'S NAME _____

ADDRESS _____

PHONE # _____

CELL PHONE # _____

HIGH SCHOOL _____

EXPECTED MAJOR _____

SCHOOL _____

PLEASE LIST ACTIVITIES IN WHICH YOU PARTICIPATED,
AND ANY SPECIAL HONORS IN SCHOOL, COMMUNITY,
CHURCH, OR CIVIC ORGANIZATION.

PLEASE STATE BRIEFLY WHY YOU WOULD BE A WORTHY
RECIPIENT OF THIS SCHOLARSHIP.

RELEASE OF INFORMATION:

I (WE) GIVE APPROVAL TO AREA SCHOOLS TO RELEASE
ACADEMIC INFORMATION TO MEMBERS OF THE SCHOLAR-
SHIP COMMITTEE.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE

DATE