

James D. Wright Scholarship Fund

Name in full: _____

Home Address: _____

Name of Father or Guardian: _____

Address: _____

Name of Mother or Guardian: _____

Address: _____

Father's Occupation: _____

Place of Employment: _____

Mother's Occupation: _____

Place of Employment: _____

List high school activities:

Total Family Income:

IRS Form 1040 \$ _____

IRS Form 1040 A \$ _____

IRS Form 1040 EZ \$ _____

Where do you plan to enroll in September? (College, Business, or Nursing)?

What course of study do you plan to take?

Have you applied for or do you expect to receive any other scholarship aid? Please list:

List any additional dependents other than children: (Aunts, uncles, etc.)

Are any other members of the family receiving scholarship aid?

Have you been employed during the summer or part time while in school? _____

Any additional information the applicant may wish to add that has not been covered by preceding questions may be attached.

THE APPLICANT AGREES THAT:

Any part of award returned by school for whatever reason reverts back to the James D. Wright Scholarship fund.

NOTE: PLEASE INCLUDE A TRANSCRIPT WITH THE APPLICATION. COMPLETED APPLICATIONS MUST BE RETURNED TO MS. McCALLIG ON OR BEFORE APRIL 2, 2012.