

EMERALD EMPIRE CHAPTER
ASSOCIATION OF NORTHWEST STEELHEADERS

SCHOLARSHIP APPLICATION

Please print this form and fill in by hand. Use extra paper if necessary.

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **BIRTH DATE:** _____

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

MAJOR: _____

Please check the appropriate box: Undergraduate Program Master's Program
 Doctorate Program

Please list any Military Service (including Coast Guard, National Guard/Reserves): _____

Dates of Service: From _____ To _____ **Discharge:** _____

Please list any Community Service Participation:

Was the above Community Service a school requirement? _____

**Please attach an essay response to the following question (500 word minimum):
"What are you collegiate objectives and why?"**

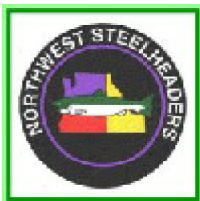
NAME OF SPONSORING MEMBER: _____

APPLICANTS RELATIONSHIP TO SPONSOR: _____

SPONSORS SIGNATURE: _____ **DATE** _____

APPLICANTS SIGNATURE: _____ **DATE** _____

**NOTE: APPLICATIONS MUST BE RECEIVED DURING THE APPLICATION PERIOD
EXTENDING FROM 4/1 THROUGH 4/30.**



**ASSOCIATION OF NORTHWEST STEELHEADERS
EMERALD EMPIRE CHAPTER
P.O. BOX 338
EUGENE, OR 97440**

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