



Mary Hanzlicek Memorial Scholarship Application Form

(Please type or print)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address: _____

Social Security Number _____ Birth Date _____

Parent or legal guardian's name _____

Address _____ City _____ State _____ Zip _____

High School Name _____ Date of graduation _____

Cumulative Grade Point Average _____ Class Rank _____

Post-Secondary school you are planning to attend or are currently attending: _____

What is your intended or declared major? _____

Signature

Date

- Attach an official copy of your transcript(s).