

MEGAN E. TAYLOR MEMORIAL SCHOLARSHIP FUND

Applicant's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

School: _____ Grade: _____

Father's name and address: _____

Occupation: _____ Employer: _____

Mother's name and address: _____

Occupation: _____ Employer: _____

Number of family members: _____ adults _____ teens _____ children

Approximate cost of the requested extra curricular activity per month: \$ _____

Describe the other activities you are currently involved in: _____

Please list any lessons the applicant is currently taking: _____

What is the approximate cost for the current lessons? \$ _____

This application is due in the Principal's office by **September 30**. The following items must accompany this application:

_____ A letter from the applicant expressing what she hopes to gain from this experience.

_____ A letter of support from parents, guardian or family member. (Letter should include why student should be considered, what they think the student will gain from this experience and how they will support the student in pursuing this talent.)

_____ A letter of recommendation from faculty member including why he/she feels this student has "good academic potential."

_____ Parents: Please list any circumstances which impact your family's financial need that should be considered for this award.

Notification of award will be made in October.

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Applicant's Request for Scholarship: (Applicant - please express what you hope to gain from this experience in the space below. Thank you)

Name _____ Date _____

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Please list any circumstances which impact your family's financial need that should be considered for this award.

Name _____ Date _____