



George A. Schloegel Memorial Scholarship

Application

LAST NAME	FIRST NAME	MI	SUFFIX
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INSTITUTION	MAILING ADDRESS
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OFFICE PHONE	CELLULAR PHONE	EMAIL ADDRESS
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COMMUNITY ACTIVITY / SERVICE *(Please use a separate sheet if needed)*

DATES FROM / TO	ORGANIZATION	CITY & STATE	BRIEF DESCRIPTION OF CURRENT OR FORMER INVOLVEMENT / DUTIES

Applicant Signature	Date
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The GSBSLU Scholarship Committee has final approval on all applications for scholarships and does not discriminate with regard to race, religion, sex, national origin, color, age, disability, marital status, or sexual orientation.

Please complete and remit to Theresa@gsblsu.org along with supporting documentation.
Deadline for receipt of application is March 15th.