

2016 Frances Smith Memorial

SCHOLARSHIP APPLICATION

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Best time to contact: AM _____ PM _____

Are you a 2016 TOBRA member? YES _____ NO _____

Are you related to a TOBRA member? YES _____ NO _____

If YES, who are you related to? _____

Will you be attending school Fall 2016 _____ Spring 2017 _____

Where will you be attending school? _____

What will you be studying? _____

Will you be receiving other forms of Financial Aid? YES _____ NO _____

Please explain the purpose this scholarship fund will serve you: (may attach additional pages if needed)

Please list 3 references not related to you:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I do swear that the above information is truthful to the best of my knowledge.

Signature _____ Date: _____