

ANDREW W. EVE MEMORIAL SCHOLARSHIP

Application

Personal Information

Name: _____ I have CF: Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email (optional): _____

College Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Course of study: _____

In your own words, why do you deserve this scholarship (50 words or less):