

Sebastopol Grange #306

Youth "Extended Family" SCHOLARSHIP APPLICATION FORM

Sebastopol Grange
PO Box 2759
Sebastopol CA 95473

Name of youth: _____

Name of Parents _____ Affiliate Group _____

Street, City, State, Zip: _____

School Attending: _____ Major: _____

Age: _____ Date of Birth: _____

Phone _____ Email : _____

Please Submit:

- 1) A Current Photo
- 2) Please **tell us in paragraph form about yourself** (education, work, community activities, special interests, etc).
- 3) Please **write a paragraph letting us know about your educational goals and how you will use the Grange scholarship money.**
- 4) Optional: Attach a copy of your resume.

If I am selected as a recipient of this scholarship, I give my consent to disclose my name and photo for use in press releases and other communications promoting the Grange Scholarship Program. I also pledge to come to a General Grange Membership meeting and speak about the impact of the scholarship.

Applicant's Signature _____ Date _____

Parent Signature _____ (if applicant is a minor)