



EDITH AND WOODROW BERRYMAN MEMORIAL SCHOLARSHIP

Applicant's Name _____

Address _____

Phone Number _____ Social Security Number _____

Parents or Guardians Names _____

Their Occupation (s) _____

Number of Brothers or Sisters living at home ____ or at college ____ or at Trade School _____

University, College or Trade School to which you have been accepted _____

Career you want to pursue _____

To assist in the selection process, please submit the following credentials in the order requested with this application:

1. High School transcript of grades and ACT scores
2. List of awards and honors
3. List of club and extra curricular activities
4. Essay on your immediate and long term goals (150-250 words)
5. A brief description of your financial need for this scholarship
6. Attach two letters of recommendation (non-school personnel)

In the event I cannot continue my educational plans or for some reason cannot accept this scholarship if awarded to me, I will advise the Meade County Extension Homemakers in writing no later than July 1, 2009.

Date _____

Signature of Applicant

Signature of Parent or Guardian

Return to Guidance Office by: _____

SCHOLARSHIP AMOUNT: \$500.00