

Southern Enduro Riders Association Scholarship Application

Submit this form along with an essay.

Please **type** or **print** your answers.

1. Last Name: _____

First Name: _____

2. Address: _____

City: _____ St.: _____ Zip: _____

3. Daytime Phone Number: _____

4. Date of Birth: _____

5. I will be attending college/university as a: (Circle one)

Freshman Sophomore Junior Senior Master's Level

Technical School Student Medical School Student

Nursing School Student (year _____)

Other: _____

6. I will be attending the following school:

Proof of acceptance or current student enrollment from the above school, in writing, is required.

7. Grade Point Average (GPA): _____ (On a 4.0 scale)

Attach proof of GPA. High School or College/University

8. ACT Score: _____

Or

SAT Score: _____

A copy of your ACT **or** SAT score sheet is required for incoming college **Freshmen** only.

9. Name & address of parent(s) or legal guardian(s)

Name(s) _____

Street: _____

City: _____

State: _____ ZIP: _____

Home phone of parents or legal guardians: _____

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10. Name of High School and year of graduation:

11. List any Colleges/Universities you have attended:

12. What specialty/major do you plan to major in as you continue your education?

13. What are your educational and professional goals and objectives?
(You can attach your resume if it has this information.)

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14. List your academic honors, awards and membership activities while in high school or college: (You can attach your resume if it has this information.)

15. List your community service activities, hobbies, outside interests, and extracurricular activities: (You can attach your resume if it has this information.)

Signature of scholarship applicant: _____

Date: _____

Mail to: Deborah Rudder
155 Kaye Dr.
Madison, MS 39110