

Daisy Order of Eastern Star No. 328

College Scholarship Application

Please print or type

Name: _____
First Middle Last

Mailing Address: _____
Street Number Street Name Apartment Number

City State Zip Code

Date of Birth: _____ Email Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

☐ Male ☐ Female

High School Counselor's Name: _____

High School Counselor's Telephone Number: _____

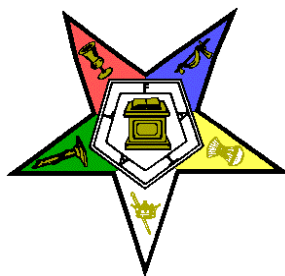
To the best of your knowledge, please record your information as applicable:

High School Grade Point Average: _____ Class Ranking: _____

ACT Composite: _____ SAT Reading: _____ SAT Math: _____ SAT Written: _____

Name of College/University/Trade School You have Applied To Attend:

State Name



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Parent/Guardian Financial Data

Adjusted gross income (Form 1040): _____

Total number of family members: _____ Number of Children in College: _____

Mother's Name: _____ Mother's Occupation: _____

Father's Name: _____ Father's Occupation: _____

Siblings Name(s) _____

Do you have a part-time job: _____ If so, name of Employer: _____

Extracurricular Activities

Community/Volunteer Activities You Are Involved With:

Signature: _____ Date: _____

Please return this scholarship application to: Mrs. Martin at Soddy Daisy High School by April 10th.