

FLYNN FUND SCHOLARSHIP APPLICATION
APPLICATION DEADLINE: February 28th
RETURN TO MRS. MARTIN

Name

Street Address

City and State

Zip Code

Phone #

Birthdate

GPA

ACT SCORE

College that you are planning to attend: _____

Major: _____

Other Scholarships that you will be receiving: _____

PART-TIME JOBS THAT YOU HAVE HELD AND DATES:

MOTHER'S NAME

FATHER'S NAME

MOTHER'S OCCUPATION

FATHER'S OCCUPATION

NUMBER OF SIBLINGS _____ NUMBER IN COLLEGE _____

EFC (from FAFSA) _____ College cost of Attendance _____

NAMES OF SIBLINGS _____

(may attach a separate sheet for 2 short essays)

Please describe your need for this scholarship.

Please describe your career goals and anything you would like us to know about you. Also, describe something you are passionate about and why.

Please attach a resume or list of activities you are involved in. Write a short paragraph about the activity that most impacted you.