

THE GARY PFAFMAN MEMORIAL SCHOLARSHIP

SCHOLARSHIP APPLICATION

Complete and submit by May 31, 2014 to
Elizabeth Pfafman
3465 N 700 E Kendallville, IN 46755
epfafman@gmail.com

APPLICANT INFORMATION

Last Name:	First Name:	Middle:
Permanent Address:	Phone:	
City, State & Zip:	Email:	
High School from which you are graduating:		
Intended Date of Graduation from High School:		

FAMILY INFORMATION

Name of Father or Guardian:		
Address:		
City:	State:	Zip:
Occupation:	Employer:	
Name of Mother or Guardian:		
Address:		
City:	State:	Zip:
Occupation:	Employer:	
Check if applicable: <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased		

COLLEGE INFORMATION

College or University planning to attend (you may list more than one if undecided):

Major Field of Study (check one):

- ☐ Four-Year Degree Program. Specify: _____
- ☐ Two-Year Degree Program. Specify: _____

CAREER GOALS

Write a brief statement describing your career goals in the space below

HIGH SCHOOL ACTIVITIES

List your extracurricular activities in the order of importance to you

Activity	Grade Participated (9, 10, 11, 12)	Role or Leadership Position Held

AWARDS AND HONORS

List any awards and honors you have received during high school

Award or Honor Received	Grade	Criteria Award Based On

COMMUNITY SERVICEThese volunteer services must have taken place **outside** of school hours

Organization	Grade	Description of Services

EMPLOYMENT AND INTERNSHIPS

List your work and/or intern experience beginning with the most recent position

Organization	Grade	Description of Services

4-H HORSE & PONY ACTIVITIES

List your involvement over your 10 years

Activity	Year	Role or Leadership Position Held

I affirm that all information provided is true and accurate.

Applicant Signature: _____

Date Signed: _____

ESSAY

Last Name

First Name

Who or what inspired you to study in the field you have chosen? Aside from academics, how have you prepared yourself for college or vocational school. (Limit to 750 words.)