KIMBERLY SCHLAPMAN SCHOLARSHIP

HABERSHAM COUNTY ROTARY CLUB SCHOLARSHIP APPLICATION

Family Information

Mother's Name
& Occupation:
Address:
Phone:
Signature:

(Legal guardians may sign in lieu of parents. Only one parent may sign if applicable or if parents are separated)

State in your own wo Include any informat	rds the reason ion you feel th	is you feel you ie Scholarship	are deserving o	of the Rotary S t use in making	cholarship. g their decision
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	•				
Signature				Date:_	

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