

## Tate B. Senftner Memorial Scholarship

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell number \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Parent's Names \_\_\_\_\_

College/Institution You Plan On Attending \_\_\_\_\_

Major/Field of Study \_\_\_\_\_

Indicate the activities you participated in throughout high school. Star (\*) those in which you held offices. Use the back of the paper if needed.

9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade

1. On a separate piece of paper, provide a one (1) page typed or handwritten response to the following question:  
***What three character traits would your friends use to describe you?***
2. An official copy of your high school transcript must accompany this application.
3. Two (2) letters of recommendation from school faculty/staff must accompany this application.

**DUE April 1 to the High School Office**