

RUTH G. MILLS SCHOLARSHIP AWARD FOR CONTINUING EDUCATION

APPLICATION FOR THE YEAR _____

NAME (please print) _____

SCS Class of _____

PARENT/GUARDIAN _____

HOME ADDRESS _____

STUDENT EMAIL _____

STUDENT PHONE _____

NAME OF 4 YR. COLLEGE CURRENTLY ATTENDING

COLLEGE YEAR _____

ADDRESS OF COLLEGE REGISTRAR _____

REGISTRAR'S PHONE _____

CUMULATIVE GRADE POINT AVERAGE (as of Feb. 1 of this year)

YOU MUST ATTACH (OR SEND UNDER SEPARATE COVER) A COLLEGE
TRANSCRIPT FROM EACH COLLEGE ATTENDED. A LAST SEMESTER
GRADE REPORT WITH CUMULATIVE GPA IS NOT SUFFICIENT.

COLLEGE MAJOR _____

FUTURE PLANS _____

APPLICATION AND TRANSCRIPT MUST BE RECEIVED BY APRIL 15th

SIGNATURE OF APPLICANT

Please mail to: Renee Molnar c/o Sodus Central School Scholarship Fund, Inc P. O.
Box 220 Sodus, NY 14551

Application rec'd: _____