

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:
Kim Ludden
c/o Sodus Central School Scholarship Fund, Inc
P. O. Box 220
Sodus, NY 14551

Application rec'd: _____