

Howard Muse Scholarship

Application Form

STUDENT NAME:

TELEPHONE:

AGE:

PARENT/GUARDIAN:

EDUCATIONAL INTEREST:

ADDRESS:

METHOD OF SELECTION AND USE OF SCHOLARSHIP

I. CRITERIA FOR SELECTION:

- *DESIRE OF ACADEMIC PURSUIT*
- *ACADEMIC AND SOCIAL STANDING IN SCHOOL*

II. METHOD OF APPLICATION:

- *APPLICATION FORM*

III. SCHOLARSHIP RULES:

- *ONE HALF AMOUNT WILL BE PAID EACH FIRST YEAR SEMESTER*
- *ENROLLMENT IN A TWO OR FOUR YEAR ACADEMIC COLLEGE OF CHOICE*

PLEASE ATTACH THIS APPLICATION FORM TO A BRIEF STATEMENT OF NEED, EDUCATIONAL PURSUIT, AND YOUR ACADEMIC AND SOCIAL STANDING IN SCHOOL.

Deadline for application is Monday, May 12, 2008

**Please return to: Sally Bruce
Sublette High School**