



**ABA MEMORIAL SCHOLARSHIP FUND, INC**  
**2018 SCHOLARSHIP APPLICATION FORM**  
**DEADLINE FEBRUARY 1, 2018**

NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

ABA MEMBER'S NAME & RELATIONSHIP \_\_\_\_\_  
PRIOR 2 YEAR MEMBERSHIP REQUIRED

PARENTS \_\_\_\_\_

SELF OR PARENT(S) OCCUPATION \_\_\_\_\_

GRADE POINT AVG \_\_\_\_\_ CLASS RANK \_\_\_\_\_ ACT/SAT SCORE \_\_\_\_\_

MAJOR \_\_\_\_\_

COLLEGE OR OTHER STATE ACCREDITED SCHOOL YOU PLAN TO ATTEND  
OR PRESENTLY ATTEND \_\_\_\_\_

OTHER SCHOLARSHIPS RECEIVED \_\_\_\_\_

FINANCIAL NEED \_\_\_\_\_

BRIEFLY LIST SCHOOL AND COMMUNITY ACTIVITIES, HONORS & AWARDS

\_\_\_\_\_  
\_\_\_\_\_

CAREER GOALS \_\_\_\_\_

**ATTACH TRANSCRIPT**

**ATTACH TYPED ESSAY - 250 WORD MINIMUM - WHY YOU  
WOULD LIKE TO RECEIVE THIS SCHOLARSHIP:**