



ABA MEMORIAL SCHOLARSHIP FUND, INC
2020 SCHOLARSHIP APPLICATION FORM
DEADLINE FEBRUARY 1, 2020

NAME _____

EMAIL ADDRESS _____

ADDRESS _____

PHONE _____

ABA MEMBER'S NAME & RELATIONSHIP _____
MUST BE A CURRENT MEMBER AND HAVE BEEN A MEMBER FOR TWO (2)
CONSECUTIVE YEARS PRIOR TO THE APPLICATION DATE

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:**