

THE SHARON BAIKIE MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Beneficiary #: _____

Address: _____

Phone #: _____

E-mail: _____

High School: _____

Phone #: _____

Current Institution: _____

Program of Study: _____

Summary of School/Community Service Activities:

Reasons why I should receive this scholarship (please attach additional paper if more space is required):

*Student Signature

Date

***NOTE: Two letters of reference are required and should be attached to this form**