



# *“Mikel Moreno” Memorial Scholarship Application*

Name of Applicant:		Soc. Sec. #:	
Current Address:		City:	State:      Zip:
Telephone/Area Code:	County:	Email:	

## **Educational Background**

High School Attended:

Year Graduating:	Counselor:	Phone #:
Class Rank:	High School GPA:	ACT/SAT Scores:

## **High School Activities:**

## **Honors/Awards:**

## **Work Experience/Activities Outside School:**

## **Colleges Applied For:**

## **Goals for the Future:**

**Please submit:**

1. Official Transcript
2. ACT Scores
3. ABBI #

All the information on this application is true and complete to the best of my knowledge. I do hereby consent to the release of information concerning my academic and financial status to scholarship donors.

Signature:	Date:
Parent Signature:	Date:
Parents (Print Names)	