

Bud & Brad Horsman Scholarship

Student Name: _____ Student's SS # _____

Parent(s) Name: _____

Address: _____
Mailing address city state zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: ___ Male ___ Female E-mail: _____

Ethnicity: ___Asian ___ Black ___Hispanic ___Native American ___Pacific Islander ___ White

Name of High School: Caney Valley GPA: _____

Please list awards, honors, school clubs (including office serviced, if applicable) & extracurricular activities:

Please provide your employment history:

Where are you planning on attending college? _____

What is your declared major? _____

Are you related to Bartlesville Community Foundation board or committee member? Yes No

If yes, what is the relationship? _____

Signature of student applicant

Date

By signing, you acknowledge that all information is true and correct, to the best of your knowledge, and that you, the student, completed the application and any required addendum/essay. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant, specifically, term grades and transcripts by Bartlesville Community Foundation and the scholarship committee.

Please return your application your High School Counselor by the scholarship deadline.