



SCHOLARSHIP APPLICATION

This scholarship is for high school seniors going to school for a welding career.

Applicant's Name _____

Current Address _____ E-Mail _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

City _____ State _____ Zip Code _____

Are you employed? If so, please provide the following: _____

Employer's Name _____

Employer's Phone Number (____) _____ Supervisor's Name: _____

Proposed School (Institute, College or University) _____

Address _____

City _____ State _____ Zip Code _____

I affirm that the information I have provided on this application and the supporting material is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial aid at some later date.

Applicants Signature _____ Date: _____

You will receive the Scholarship when you successfully completing your first semester of school.

List of Personal References

Name	Address	Telephone Number	Occupation

****A personal statement that would assist in judging your eligibility****

One or more scholarships will be given depending on the quantity and quality of the applicants.

Brent Rosner Memorial Fund does not discriminate by age, race, color, national origin, creed or gender