

Susan Bacon MacLachlan Memorial Scholarship Application

Name: _____

Student ID Number: _____

P.O. Box: _____

Local Phone Number: _____

E-mail: _____

Major: _____

In addition to completing this application, please submit a letter of application and a copy of your current resume or a list of activities that pertain to your major.

Office Use Only:

Date Received _____

GPA _____

Credit Hours _____