

Grand Guardian Council of Missouri Scholarship Application

Name: _____ Bethel No. _____

Home Address: _____

Telephone Number: _____

E-Mail Address: _____

Birth Date: _____

Present School: _____

Grade Point Average: _____ Out of _____

Class Rank: _____ Out of _____

School where you plan to continue your education: _____

Intended Major Course of Study: _____

Applicant's Signature

Parent's or Legal Guardian's Signature

Date: _____