

Mackenzie Scott Webster Memorial Scholarship

Name of Candidate: _____

Father's Name: _____

Mother's _____

Lives with: ___ Both Parents ___ Father ___ Mother ___ Other (_____)

Address: _____

Phone #: _____

E-mail: _____

Date of Birth: _____

Current Grade Level: _____

Current School: _____

Current School Counselor/Principle/Head: _____

Academic Record: _____

Extracurricular Activities: _____

Athletic Record: _____

Student Governance Record: _____

Community Service Record: _____

I authorize the release of this information to the Mackenzie Scott Webster Scholarship Committee. (_____)

Parent/Guardian Signature: _____

Student Applicant Signature _____