## **SCHOLARSHIP APPLICATION**

PLEASE COMPLETE AND RETURN TO:

Mechanicsville Optimist Club Attn: Scholarship Committee P. O. Box 301 Mechanicsville, MD 20659

FROM:						
Student's Full Name				Social Security Number		
	Student's Street A	Address	City	State	Zip Code	
SEX: Male Female DOB Telephone						
_	will graduate from				High School	
Month/Y	Year					
I took the SAT or ACT examination on Scores (if available)					)	
And would like	to be considered		ate icsville Ontimis	et Club Scholars	ship to:	
Tilla Would like	to be considered	i ioi a ivicciian	iesvine Optimi	st Club Bellolars	mp to.	
As an undergradon a full-time(If part-time sta I have been acco(checomorphical young to get a comorphical young to		a graduate -time basis de the number ege ( ly in college, collinations)	student(Pleas of credit hours or) am waiting omplete the foll (education relat	e check all that per semesterto hear if I have lowing: I am cured	apply.)) been accepted	
	ecial circumstan l bills, disability					
Parent's Signatu	ire (Mother)	_	_	Student's	Signature	
Parent's Signatu	ire (Father)	_	_	Date		

Attach an essay of 250 words or less stating your educational and career goals.