

The 2017 Leola C. Rowan Heritage Award Scholarship Application

Applicant Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Email Address: _____ Phone: _____

High School Name: _____

Current GPA: _____ ACT / SAT Score: _____

Parent / Guardian Name (1): _____

Address: _____

City: _____ State: _____

Zip: _____

Email Address: _____ Phone: _____

Parent / Guardian Name (2): _____

Address: _____

City: _____ State: _____

Zip: _____

Email Address: _____ Phone: _____

List Extracurricular Activities:

List Honors, Awards & Recognitions:

List Volunteer & Employment History:

List Intended College Major: _____

How did you hear about this scholarship? _____

Please attach a typed double spaced essay of 250 words or less on “What the spirit of Leola C. Rowan means to me” to the back of this application. (Leola C. Rowan’s story can be read at bestcollegematch.com)

I certify to the best of my knowledge all the information submitted within this application for scholarship is true and accurate as I have signed below in the testimony there of.

Applicant Name

Applicant Signature

Date