

**Sheila Y. Tolson Memorial Scholarship Fund
College Student Scholarship Application**

Name _____ Date _____
(Last) (First) (Middle)

Address _____

City/Town _____ State _____ Zip _____

Telephone-Home() _____ Cell () _____ e-mail _____

Date of Birth _____ High School Attended _____

Graduation Date _____

Parents/Guardians _____

Address of Parents/Guardians _____

College/University _____

Address _____

Major Field of Study _____ Minor _____

Academic Average to date _____

College/University Activities _____

Community Activities and Services _____

Financial Support to date _____

Updated 1/2009