



Application for the Cole Hudson Memorial Scholarship

Mr. /Miss. _____

FIRST NAME

MI

LAST NAME

_____/_____/_____
DATE OF BIRTH (mm/dd/yy)

_____/_____/_____
SOCIAL SECURITY NUMBER

SEMESTER APPLYING FOR: FALL SPRING SUMMER YEAR _____

DATE ACCEPTED BY UNIVERSITY/COLLEGE _____

(month/year)

CLASSIFICATION UPON ENTRANCE: SOPHOMORE JUNIOR SENIOR

PERSONAL INFORMATION

PERMANENT HOME ADDRESS

NO. & STREET

TELEPHONE

CITY

STATE

ZIP

COUNTY

E MAIL ADDRESS (if available)

EDUCATIONAL INFORMATION

HIGH SCHOOL

COLLEGE/UNIVERSITY

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY/STATE

CITY/STATE

PHONE NUMBER

PHONE NUMBER

DATES OF ATTENDANCE

DATES OF ATTENDANCE

DATE OF GRADUATION

DATE OF GRADUATION

GRADE POINT AVERAGE

GRADE POINT AVERAGE

CERTIFICATION

I certify that to the best of my knowledge, the information provided in this application is correct. I have completed this application with the understanding that it is the property of the Hudson Rodeo Company and the Cole Hudson Memorial Scholarship committee.

APPLICANT'S SIGNATURE

DATE

I (we) certify that to the best of my (our) knowledge, the information provided is correct (one parent or guardian signature required).

APPLICANT'S FATHER'S SIGNATURE

DATE

APPLICANT'S MOTHER'S SIGNATURE

DATE