

**RITA LOWE SCHOLARSHIP APPLICATION  
(COLLEGE DIVISION)**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Current Telephone Number: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Year of High School Graduation: \_\_\_\_\_

Name of College or University You Are Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cumulative College GPA: \_\_\_\_\_ GPA Major \_\_\_\_\_ GPA Minor \_\_\_\_\_

Level of Teaching Interest: K-6 7-9 9-12 \_\_\_\_\_

I certify that all information provided is accurate:

\_\_\_\_\_  
Signature of Applicant

**APPLICATIONS MUST BE POSTMARKED BY May 15, 2010:**

**MAIL TO:**

Rita Lowe Scholarship Committee  
Pat Reistroffer-Chairperson  
146 Scenic View Dr.  
Longview, WA 98632