RITA LOWE SCHOLARSHIP APPLICATION
(HIGH SCHOOL DIVISION)

Applicant Name: _____ Date of Birth: _____

Email _____

Home Address: _____
Street **City** **State Zip**

Home Telephone Number: ( ) _____

School Telephone Number: ( ) _____

Name of High School: _____

Address: _____
Street City State Zip

Year of Graduation: _____ Cumulative Grade Point Average: _____
Name of College or University You Plan to Attend: _____

Address: _____
Street City State Zip

PSAT Scores: Verbal:_____ Math: _____
SAT Scores: Verbal:_____ Math: _____
ACT Scores: Verbal:_____ Composite:_____

(Official verification of these scores should appear on your transcript.)

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