

LES BELLE FLEURS' SISTERLY LOVE SCHOLARSHIP APPLICATION
In Memory of Shirley Catherine Firth Holmes

APPLICANT INFORMATION

Name:		
Date of birth:	E-Mail:	Phone:
Current address:		
City:	State:	ZIP Code:
County:		

HIGH SCHOOL INFORMATION

School Name:		
School Address:		Phone:
City:	State:	ZIP Code:
ACT Score:	GPA:	Year of Graduation:

COUNSELOR'S INFORMATION

Name:	
Email:	Phone:
Counselor's Remarks:	

COLLEGE YOU PLAN TO ATTEND

School Name:		
City:	State:	ZIP Code:
Major:		

REFERENCES

Name	Address	Phone

SIGNATURES

I certify that all information provided above is accurate.

Signature of applicant:	Date:
Signature of Parent/Guardian (Applicant under 18):	Date: