

Remembering Butch Scholarship Application Form

Full Name: _____

Phone: _____

Email: _____

Parent/Guardian Information (Under 18 only)

Parent/Guardian Name:

Phone: _____

Email: _____

Educational Opportunity Organization

Educational Opportunity Organization Name:

Address: _____

Phone: _____

Website: _____

What are your goals for attending this organization. Total cost of this pursuit.

How do you represent the ideals Butch valued and demonstrated throughout his life? (honesty, hardworking, love of family and community, entrepreneurial)

Include for consideration any additional information you feel to be pertinent:

Statement of Accuracy

I hereby affirm that all the above stated information is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my photo may be taken and used to promote the Moose Lodge 1088/Butch Davies Memorial Scholarship Program.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Required if applicant is less than 18 years of age.)