*(For Scholarship Committee use.) Application #:\_\_\_\_\_\_\_\_\_*

**Christy Arendt Memorial Scholarship**

(Return application to EHS office by April 18, 2024.)

**Name**: **DOB:**   **Phone:**

**Address:**  **email:**

**ACT/SAT score:** **GPA:**   **Class Rank:**

**College/university or trade school you plan to attend:**

(Recipient of this scholarship must provide proof of enrollment before funds will be transferred to the institution in the recipient’s name.)

**Major or area of study:**

**Please attach a resume of awards/honors/achievements.**

**Below, please briefly describe your future plans/goals.**