Sons of Confederate Veterans
Cradle Of Confederacy Camp 692
2010 Scholarship Application

Personal Information:

Name_____
Last First Middle

Mailing
Address_____

City_____ State_____ Zip_____

Resident Address (if different)_____

City_____ State_____ Zip_____

Home Phone (_____)_____-_____ Social Security Number_____-____-_____

Name of school currently attending_____

Date of graduation_____ High School GPA_____

List any school clubs, sports or activities in which you are or have been involved:

_____

_____

_____

List any community organizations and activities in which you are or have been involved:

_____

_____

_____

Name and complete address of the college, university or vocational / technical school you plan to attend:

_____

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