

**BILL MADDEN MEMORIAL
BOOSTER CLUB SCHOLARSHIP**

Name:

Address:

Name of Parents or Guardian:

College, University or Tech School enrolled in:

Check the following items to indicate how you plan to pay your college expenses, not covered by this scholarship.

- | | |
|--|--|
| <input type="checkbox"/> Money furnished by family | <input type="checkbox"/> Earnings from summer jobs |
| <input type="checkbox"/> Employment during college | <input type="checkbox"/> Financial Aid Programs |
| <input type="checkbox"/> Other Scholarships | <input type="checkbox"/> Other means _____ |

Please list the sport/s in which you have lettered during high school:

Current GPA:

ACT Score:

Intended Major if known:

Anticipated cost of one year of attendance

At the college you plan to attend

Income available to meet expenses

Personal Savings

Federal/State Financial Aid

Summer Earnings

Parent Contributions

Scholarships

Social Security Benefits

Vocational Rehabilitation Benefits

Other Income

TOTAL INCOME