

**SCHOLARSHIP APPLICATION COVER**  
**Walter and Joanna Comer Scholarship**

**I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.**

**I grant permission for Garrett High School Guidance Office to release a copy of my transcript to the individual or group responsible for awarding or administering this scholarship.**

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**Student Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**

**GARRETT SCHOLARSHIP**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DIPLOMA TYPE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Check if applicable:  Father deceased  Mother deceased  Parents divorced

Ages of other children in your family \_\_\_\_\_ Number of family members in college \_\_\_\_\_

School you are planning to attend \_\_\_\_\_

City / State of School \_\_\_\_\_  Full-time student  Part-time student

Intended Major \_\_\_\_\_  Accepted  Applied-awaiting decision

Career Goal \_\_\_\_\_

Living arrangements:  On-campus  Off-campus (independently)  Off-campus (with family)

**School or Community Activities** in which you have participated or positions held in High School

Please include any workshops attended (may attach separate page):

<u>Activity</u>	<u># of Years</u>	<u>Leadership Positions, Awards, Recognition</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

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Why applicant desires scholarship and how it will be used:

I understand that if awarded this scholarship, it may be sent directly to the college, university or technical college I am attending upon showing proof of enrollment.

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Signature of Applicant