

JOSEPH RUFFIN SCHOLARSHIP FORM

STUDENTS INFORMATION

Students First Name:*

Students Last Name: *

PARENT/GUARDIAN CONTACT INFORMATION

Parents/Guardian First Name:*

Parents/Guardian Last Name: *

Email Address: *

Best Time to Contact:

Address:*

City:*

State:*

Zip Code:*

Home Phone:*

Cell Phone:

Work Phone:

ADDITIONAL INFORMATION

Student Involvement:*

Recognition:*

Community/Church/Involvement:*

Special Interest/Hobbies:*

Career Goals/Name of College Planning to Attend:*

Other:*

Submit Application