

Christensen Memorial Scholarship

1. Name _____
Last First Middle

2. Mailing Address _____

3. Telephone _____

4. Social Security Number _____

5. Name of Parent or Guardian _____

6. College you wish to attend _____

Name

Location

7. Field of study or college major _____

8. Activity Information (Includes school, church and community)
(List the 5 most meaningful activities to you)

Name of Activity

Offices held or honors received

A.

B.

C.

D.

E.

9. Please complete the following items:

A. Father's occupation _____

B. Mother's occupation _____

C. Annual family net income _____

D. Number of children in family and their ages:

10. Applicant's work experience