## APPLICATION MADALYN MCNEFF MEMORIAL SCHOLARSHIP

To be considered for the Madalyn McNeff Memorial Scholarship this form must be completed and returned with the requested information to the guidance office of Fullerton High School by March 15.

NAME			· · · · · · · · · · · · · · · · · · ·
DATE	<u>.                                    </u>		
Mailing addres	s City	State	Zip Code
Telephone Nur	nber		•
Year of Gradua	tion from Full	erton High School	
Number of year	rs in attendanc	e at Fullerton High Scho	ol (grades 9-12)
		and Class rank	
form:	wing miorma	tion on a separate sheets	of paper and attach to this
program (mus	sic, drama, spe	ech, athletes, student gov	his/her schools activities vernment).
<ol> <li>Written descr</li> <li>Recommenda applicants cha school staff ar applicant in hi</li> </ol>	iption of the a tions from ind racter. Prefera id two from in s/her commun	pplicants involvement in ividuals of the applicant ably there will be at least dividuals outside the scholty.	his/her community. s choice attesting to the one from a member of the tool staff who know the
		ose as to what the applicant of the second	ants future aspirations are