

THOMAS WHIGHAM & KAREN WHIGHAM COLEMAN MEMORIAL SCHOLARSHIP APPLICATION

Student Information:

Student Name: _____

Age: _____ Date of Birth: _____ Phone: _____

Street Address: _____

City: _____ Zip Code: _____

What College/University will you attend? _____

Have you been accepted? _____

What do you plan to study? _____

What are your financial needs?

Parent Information:

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number of people in your household: _____ Ages: _____

Applicants Activities (work, school, community, hobbies, etc.)

Why did you decide to continue your education?

What are your future goals?

How will receiving the Thomas Whigham & Karen Whigham Coleman Scholarship make a difference in your life?

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

RETURN COMPLETED APPLICATION AND ONE LETTER OF RECOMMENDATION TO THE IB OFFICE (IN PERSON OR EMAIL TO GRAYMZ@SCPS.K12.FL.US)

BY FRIDAY, APRIL 14, 2024.