

# ODEEN K. REDMAN MEMORIAL SCHOLARSHIP APPLICATION



Applicants Full Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

## PLEASE PRINT OR TYPE

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Higher Educational Institution: \_\_\_\_\_ Address: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Degree, Certificate or License Pursuing: \_\_\_\_\_

Class Offices Held and Year:

Honors Received and Year:

Clubs You Held Memberships In and Years (please note if you held an office with your club and the years):

Involvement in Sports or Other School Activities:

Hobbies:

## Applicant Certification

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to ATC Communications to contact my school, if necessary, and to use my name and photograph in promotional materials in the event that I am selected to receive a scholarship.

Please remember to include your high school transcript, a minimum of one letter of recommendation, a letter of intent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_