

# Dana Gillenwater Memorial Scholarship

Name: \_\_\_\_\_

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

Parents/Guardians: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT: \_\_\_\_\_

HS Career Pathway: \_\_\_\_\_

Future Career: \_\_\_\_\_

Post-secondary Education: \_\_\_\_\_

Extracurricular Activities:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Part-time Jobs:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**Please attach a one page HAND-WRITTEN essay on how cancer has affected you or someone in your life!**

**All applications need to be postmarked by Friday, May 1st. Please mail completed application to: Hillary Lee P.O. Box 45 Knob Lick, KY 42154**