

**WAYNE CONSERVATION DISTRICT
PERRY/WESTGATE MEMORIAL SCHOLARSHIP APPLICATION**

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

High School Attending: _____

College Planning to Attend: _____

College Curriculum to be Studied: _____

Employment (if any, past and present): _____

Extra Curricular Activities and Other Interests: _____

Extra sheets may be attached if necessary.

Applicant's Signature

Guidance Counselor's Signature