APPLICATION FOR Dr. & MRS. HAROLD SMITH MEMORIAL SCHOLARSHIP
Ogilvie and Bob Montgomery Educational Fund

Name: _____

Address: _____

date of birth: _____

name of high school: _____

graduation date: _____

class rank: (give total number in your class & your ranking): _____

grade average in high school: _____

list any honors, achievements, activities, etc. while in high school:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of college that you will attend: _____

Address of college or university that you will attend: _____

_____

*** PLEASE SEE REVERSE HEREOF FOR GUIDELINES APPROVED BY SESSION IN JULY OF 1988

S. S. # _____

_____
Signature of applicant

_____
phone number of applicant