# JOHN C. DIMMER AND MARILYN J. DIMMER SCHOLARSHIP

# Application

Date:

Name:

 Last First Middle

Address:

 Number & Street

City:       State:       Zip:       Phone:

What is your cumulative grade average, 9th through last grading period?

Name your current high school:

Planned college major:

In which four-year college or university will you enroll next year?

 Name City, State

Have you been accepted? [ ]  Yes [ ]  No

Please write a ***short*** statement supporting your choice of college major:

Please name three (3) teachers of ***academi*c** courses who know you well

Give each teacher one of the attached evaluation forms and ask that the form be completed and returned to the counseling office no later than:

**Return your application to the counseling office no later than:**