



2020 SCHOLARSHIP APPLICATION

Name of Student: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Home Phone: _____ Mobile Phone: _____

Name of High School: _____

Most Recent Cumulative Grade Point Average: _____ As of Date: _____

If currently employed, how many hours per week? _____

Name of EBPA Member Parent: _____

By submitting this application and requested documentation I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

Note: Forms submitted via e-mail, will be considered signed.

Applications must be POSTMARKED BY June 30, 2020