

## Jim Leslie Memorial Scholarship Application

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Receiving Degree in (Major): \_\_\_\_\_

Estimated Date of Graduation: \_\_\_\_\_ (Month/Year)

Attended High School at: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_ (Month/Year)

Hours completed toward related degree: \_\_\_\_\_

(A transcript must accompany your application.)

Overall grade point average to date in credit hours applicable to your degree (non credit hours do not apply): \_\_\_\_\_ Grade point average in major: \_\_\_\_\_

College / University attending: \_\_\_\_\_

I am providing letters of recommendation with this application. The letters enclosed are from:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

What means have been utilized to cover your university educational expenses to date? With places of employment, list time periods employed. Applicant's and/or parents' 1040 forms may be requested for review at a later date:

---

---

---

Upon completing my degree, my future plans are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This completed application and accompanying letters of recommendation and transcript must be postmarked by no later than May 30, of this year.

It is recommended (although not mandatory) that samples of your work in your major (marketing studies, editorials or creative writing, graphic design work, advertising copy) be included with this application (photocopies are adequate, do NOT send original materials).

I have read the eligibility requirements and attest that based on the stated criteria, I am eligible for the Jim Leslie Memorial Scholarship and that all of the information provided in this application is true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date