

**APPLICATION FOR ARKANSAS PROPANE GAS ASSOCIATION MEMORIAL  
SCHOLARSHIP AWARD**

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

High School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

SAT/ACT Testing Scores: \_\_\_\_\_

Community Activities Participated in: \_\_\_\_\_

College Attending/Planning to Attend: \_\_\_\_\_

Have you been Accepted? \_\_\_\_\_ Have you Applied for Other Scholarships? \_\_\_\_\_

Have you been Awarded Other Scholarships? \_\_\_\_\_ If yes, What? \_\_\_\_\_

What Career are you Planning For? \_\_\_\_\_

Name of Parent Employed in the Propane Industry: \_\_\_\_\_

What company? \_\_\_\_\_ How Long? \_\_\_\_\_

What Position? \_\_\_\_\_ Company Telephone: \_\_\_\_\_

**Additional Attachments Required:**

1. 2 letters of recommendation
2. Enrollment Certification/Statement of Acceptance from College (if received)
3. Additional pages may be used to accompany and supplement this application and to complete other required items as stated in the Rules for Eligibility

**Deadline:** Received by Association Office no later than May 1 of each year together with all additional and required accompanying information as stated by the Rules.

Applicants Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_