

# 2024 Barbara Fleenor Memorial Scholarship

**Criteria:**

This scholarship is open to all graduating seniors furthering their education.

Complete Application

Submit a transcript with your application.

**Amount:**

\$1,000

**Deadline:**

Submit completed application to the guidance office by NOON, May 3, 2024.



**Community Honors, Awards , Activities, Jobs (may attach student resume if desired)**

	Grade 9	Grade 10	Grade 11	Grade 12	Offices Held

**List scholarships and amount you have received or expect to receive:**

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**Schools applied to:**

1. \_\_\_\_\_ Accepted? \_\_\_\_\_
2. \_\_\_\_\_ Accepted? \_\_\_\_\_
3. \_\_\_\_\_ Accepted? \_\_\_\_\_

**Intended Major:** \_\_\_\_\_

**Diploma type:** Academic Honors \_\_\_\_ Technical Honors \_\_\_\_ Core 40 \_\_\_\_

**Are you a Twenty-First Century Scholar?** \_\_\_\_\_

**Family Financial Information:** This information is strictly confidential and will not be used for any purpose other than determining financial need when that is a criteria of the scholarship.

Please have parent/s complete this form using information from their most recent IRS tax return.

Gross Family Income: (may be subject to verification)

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|-----------------------|--------------------------|
| _____ Under \$20,000  | _____ \$61,000-80,000    |
| _____ \$21,000-40,000 | _____ \$81,000-\$100,000 |
| _____ \$41,000-60,000 | _____ Over \$100,000     |

Is child support received in the household? \_\_\_\_\_

Is child support expended from the household? \_\_\_\_\_

Is Social Security income and/or disability payments received in the household? \_\_\_\_\_

Number of family members who will be attending college at least half-time: \_\_\_\_\_

Number of children under age 18 living in household: \_\_\_\_\_

Please explain any personal and/or family conditions that should be considered when evaluating this application: (You may attach a separate page if necessary.)