**Name**

***Due April 10, 2020***

**Name of Scholarship: Sally Cook Memorial Scholarship**

**Galena High School Local Scholarship Application**

**Last**

**First**

**List School Organizations & Extracurricular Activities**

**List Honors & Awards Received**

**Explain your future educational plans and career goals**

**GPA**

**ACT Score**

**Counselor s Signature**

**I hereby certify that the information given in this application is true and correct.**

**Applicants Signature**

**Date**