

Allison R Dunfee Memorial Scholarship

Name: _____ Phone: _____

Address: _____

G.P.A. _____

FAFSA EFC (Estimated Family Contribution): _____

State your plans for college enrollment and planned major. 2 year or 4 year degree? (please circle one)

Please list all Career Tech/ Vocational classes you have completed:

Please list any achievements, honors, and awards.

List any school, community, or extra-curricular activities/clubs that you have participated in. Please include any offices held.