

2025 TGCC MEMORIAL COLLEGE SCHOLARSHIP



Applicant's First Name: _____ Last Name: _____

Mailing Address: _____

E-mail Address: _____ Phone Number: _____

High School: _____ Year Graduated: _____

Name of college to be attended in 2025: _____

(Please enclose a copy of the acceptance letter, or current college transcript):

Comments and information about the applicant's grades and academic performance:

Comments and information about the applicant's sports and/or other extracurricular achievements:

**Description of why the applicant feels he/she should be selected for this scholarship.
(Use a separate page)**

TGCC Affiliation (member of TGCC or TGCC member club)

Applicant Parent Grandparent (please circle one)

Affiliate First Name(s): _____ Last Name: _____

Affiliate Clubs (TGCC, BAD, CHUM, HUPS, Lunarfins, etc.): _____

Number of Years as member of the above named club(s): _____

List any positions of leadership held by Affiliate: _____

Applicant's Signature: _____ Date: _____