

820 East 13th St, Albert Lea, MN 56007-0086 Ph 507-373-1477



## Memorial Scholarship

SPOISONED BY MINNESOTA FREEZER WAREHOUSE CO

1.	PERSONAL INFORMATION					
	a. Name	b.	Phone			
	c. Permanent Address		(at Permanent Address) Date of Birth			
		е. S	Social Sec. Number			
	f. School Address	g.	Phone (at School Address)			
	la Marital Otatura		to if any			
	h. Marital Status					
	j. Father's Name	k. (	Occupation			
	I. Mother's Name	m.	Occupation			
2.	HIGH SCHOOL ACADEMIC INFORMATION	<u>N</u>				
	a. Class Rank	t	o. GPA			
	c. ACT Scores: E M F	R SR	Composite			
	d. PSAT: V M SI	e. SAT: V	/ M			
3.	SCHOOL INFORMATION					
	a. College / University attending					
	b. Major c. Cred	dits earn to date	d. GPA			
	e. Expected Term of Graduation		f. Year			
4.	EMPLOYMENT EXPERIENCE					
	<u>Dates</u> <u>Employers' Names &amp; A</u>	<u>ddresses</u>	Duties and Responsibilities			
a.		<del>70 (100 - 1</del>				
b.						
c.						

5. EXTRA - Cl honors.)	<u>JRRICULAR</u> (L	ist organization	s, offices held,	sports pa	rticipation, hol	obies, awards,
6. REFEREN List three ( Peggy N	<u>CES</u> 3) personal refo lewell, Minnesot	erences and if a Freezer Ware	possible, req house Co, P. C	juest lette ). Box 86, /	rs to be forw Albert Lea, MN	ared to: . 56007
b						
C						
7. CAREER ( In not more that upon your grad		ECTIVES aced, typed pag	je, describe yo	ur major in	terests, and w	hat you want to do
Annlicant's S	ignature				Date	