

EMMA L. WILSON – KING MEMORIAL SCHOLARSHIP

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A committee chosen for the purpose of determining eligibility may interview the applicant for this scholarship.

Send Application ALONG with NARRATIVE and TRANSCRIPT to:

**Your DEAN at your Local High School*

GENERAL INFORMATION

Name _____

Permanent Home Address _____

City, State, Zip Code _____

Phone () _____

Date of Birth _____

Name of Parent/Guardian _____

_____	_____	_____
Name of School	Date of Entrance	Date of Graduation

List School Awards Received, if any: _____

List Community Involvements, if any: _____

Tentative College/University: _____