



## Jim Russell Scholarship Fund Application

### Contact Information

Name (last, first, middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Educational Experience

High School Graduation/GED: Yes \_\_\_\_\_ No \_\_\_\_\_

Post High School Experience (College, Technical, Armed Forces, etc.):

Name and Address of School(s), Rank, etc.	Dates Attended
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Course of Study: \_\_\_\_\_

Degree/Certification earned: \_\_\_\_\_

For additional post high school experience, attach separate sheet.

Name and address of educational institution you plan to attend:

\_\_\_\_\_



