

ARLIE KENNETH SPENCE MEMORIAL SCHOLARSHIP
AMOUNT: \$100

NAME _____

ADDRESS _____

AGE _____ GPA _____ RANK _____

1. On a separate sheet of paper, state in a single paragraph why you should be the recipient of this scholarship.
2. Cost of annual school fees, including tuition, books, and other expenses:

3. Amount needed after using one's own resources, and other funding agencies.

Student Signature

Date

Deadline: 3-30-12