

**Wallace-Grainton Alumni Scholarship**  
**Application Form**

Due April 15 to the School Counselor

Name: \_\_\_\_\_

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

\_\_\_\_\_

GPA : \_\_\_\_\_

ACT : English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Science \_\_\_\_\_ Composite \_\_\_\_\_

Extracurricular Activities:

Leadership Positions Held:

Work / Volunteer Experience:

**Personal Essay - Please use the space on this page to let us know something about you that we might not learn from the rest of your application.**

(Please type, if possible)