

Martha Guy Summer Institute Scholarship Application

To be completed by student, parent or guidance counselor and accompanied by three months of check/pay stubs from the last six months.

Applicant Name: _____
First M Last Preferred/Nickname

Parental Information

Mother: _____

Highest education level completed (circle one):

High School Community College Four year College/University Graduate School

Occupation and Employer: _____

Father: _____

Highest education level completed (circle one):

High School Community College Four year College/University Graduate School

Occupation and Employer: _____

Other Information

Number in your family: _____ Total gross annual income of parents: _____

Please provide any information you feel would assist in accurately assessing need for financial assistance. Feel free to share any applicable information or circumstances.

Completed by:

Print Name: _____

Signature: _____

Date: _____