



RENEWAL FORM
SCHOLARSHIP APPLICATION
MARY GRAHAM FOUNDATION

PERSONAL INFORMATION

APPLICANT NAME: Last	First	Middle
ADDRESS: Street/PO Box	CITY, STATE, ZIP	
Telephone:	Email Address:	
AMOUNT OF REQUEST FOR SCHOOL YEAR: \$ _____		
SCHOOL ATTENDING NEXT SCHOOL YEAR: _____		

SCHOOL INFORMATION

School (School attended last year) _____	Please attach school transcript with application
Overall GPA: _____	
Other school achievements: _____ _____	
School _____	

EMPLOYMENT

Did you work last year: ___yes ___No If yes, please fill out below.		
Numbers of Hours Weekly	Check (✓) Appropriate Box Below: Full-time Employment _____ Part-time Employment _____	
Type of Employment and Job Title:		
Describe Duties and Responsibilities:		

FINANCIAL PLANNING

Youth Name _____

Additional Notes regarding budget items:

(For Internal Use. To be filled out by Mary Graham Foundation):

Approved by Mentor _____ Approved by Scholarship Committee _____ Date _____

Amount Approved \$ _____ Pay to: _____

Return to: Mary Graham Children's Shelter Foundation
PO Box 96, French Camp, CA 95231
E-mail mFOUNDATION01@gmail.com FAX (209) 468-7636
Phone (209) 468-7635

