

**JOHN DERR BOGER, JR.
SCHOLARSHIP APPLICATION**

FULL NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ AGE: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

If you do not live with your parents, give name and address of your Guardian:

SCHOOL ATTENDING PRESENTLY: _____

SCHOOL YOU PLAN TO ATTEND IN UPCOMING SCHOOL YEAR:

_____ Accepted? Yes _____ No _____

CHURCH PARTICIPATION: _____

Using an attached sheet, tell us about personal accomplishments and/or special events that have been important to you during the past few years.

Thank you!

Applicant's Signature

Date