

**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