

BILLIE MCCLELLAN SCHOLARSHIP APPLICATION

Name:		
Date of birth:	Phone:	
Address:		
City:	State:	Zip:
Currently a member of Allegan	n Credit Union:	□ No
Unweighted GPA:	ACT score:	SAT score:
Transcript Attached: \Box Yes	\square No If no, explain	1
College, University or Trade Sc	:hool accepted to or currer	ntly attending:
Acceptance Letters Attached:	\square Yes \square No If no,	explain
School Activities:		
Community Activities:		
Work Experience:		
Additional information that yo	ou believe is an important o	consideration:
I CERTIFY THAT ALL INFORMATHAT MY APPLICATION WILL		AND CORRECT. I UNDERSTAND T IS NOT FULLY COMPLETED.
Signature:		Date:

