

# JOHN R. SAUL EDUCATIONAL MEMORIAL SCHOLARSHIP

Sponsor: COLORADO COUNTY RETIRED TEACHERS ASSOCIATION

Criteria for this scholarship:

Demonstrate a financial need

Desire to be a classroom teacher

Include a current transcript

Please complete all requested items:

Applicant: \_\_\_\_\_

(First Name, Middle, Last Name)

Home Address: \_\_\_\_\_

(Street, Rural Route or Box No.)

Place and Date of Birth: \_\_\_\_\_

Name(s) of Parent(s): \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Will you have any brothers or sisters attending college at the same time you are attending college? (Yes No) If yes, how many? \_\_\_\_\_

Are you or will you be a candidate for any other scholarships such as scholastic, athletic, work, etc.? (Yes No) If so, explain:

\_\_\_\_\_

\_\_\_\_\_

