

# 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:

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What college do you plan to attend? \_\_\_\_\_

State any reason or factors you wish the Scholarship Committee to consider. \_\_\_\_\_

\_\_\_\_\_

If you have taken any of the following exams, state your scores:

ACT \_\_\_\_\_ SAT \_\_\_\_\_ Other \_\_\_\_\_

Explain why you want to be a teacher: \_\_\_\_\_

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Due to HS office April 1, 2020.