

Wells Farmer's COOP Scholarship

Name: _____

Address:

Phone #: _____

GPA: _____ Rank: _____ Class Size: _____

ACT Composite: _____ SAT (Combined ERW and Math): _____

College you plan to attend:

Course of study planned:

*Attach a list of extracurricular activities and honors or your resume (organizations, offices held, honors, leadership roles, etc.).

*Attach a brief explanation of why you deserve this scholarship.

Application due: April 27, 2017
Turn in to Mrs. White.