

Application Form  
**ED RAMEY MEMORIAL SCHOLARSHIP  
2010**

Application Number: \_\_\_\_\_  
(Note: Foundation office will assign Application Number #)

**GPA:** \_\_\_\_\_

If some College completed - cumulative GPA: \_\_\_\_\_

**Test Scores**    **SAT - Critical Reading** \_\_\_\_\_    **Math** \_\_\_\_\_    **Writing** \_\_\_\_\_    **Total** \_\_\_\_\_  
**ACT - Reading** \_\_\_\_\_    **Math** \_\_\_\_\_    **Writing** \_\_\_\_\_    **Composite** \_\_\_\_\_

*Please check appropriate box:*

- National Honor Society
- Honor Roll

*Anticipated Scholarships:*

**Are you a 21<sup>st</sup> Century Scholar?**

\_\_\_\_\_ \$ Awarded \_\_\_\_\_

Briefly describe your **Major Field of Study**:

\_\_\_\_\_

College/University you plan to attend in the Fall 2010:

\_\_\_\_\_

**High School Extra-curricular Activities, Leadership Roles and Community Service.**  
(ATTACH AN ADDITIONAL SHEET IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***Income and Asset Data for 2009***

*(The information contained in this questionnaire is confidential)*

Please use actual income information, which would be used on your parents' **2009 1040 Form**.

Adjusted gross income (2009).....\$ \_\_\_\_\_

Income earned from work by Father (2009).....\$ \_\_\_\_\_

Income earned from work by Mother (2009).....\$ \_\_\_\_\_

***Additional Information***

Your parents' current marital status:

Single    Married    Separated    Divorced    Widowed

Total number of family members who will be attending College in 2010, *including applicant*: \_\_\_\_\_

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Application Number: \_\_\_\_\_  
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Name: \_\_\_\_\_

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

(Street) (City) (State) (Zip Code)

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State)

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Code) (State) (City) (State) (Zip

Occupation: \_\_\_\_\_

I am a resident of **Jasper** County, Indiana.

In order to receive this scholarship, I understand I must be considered a full time student with at **least 12 credit hours.**

\_\_\_\_\_  
*Signature*

*Application should be mailed to:*

**Jasper Foundation  
P.O. Box 295  
Rensselaer, IN 47978**