

All Fields Required

**STAR & CRESCENT FOUNDATION**  
**DOUGLAS F. WATSON SCHOLARSHIP APPLICATION**



<b>APPLICANT INFORMATION</b>		
Full Name (First, Middle, Last):		
DOB:	Home Phone:	Cell Phone:
Summer Address:		
City:	State:	Zip Code:
Email Address:		
<b>EDUCATION</b>		
<b>High School</b>		
Name:		
Dates Attended:		GPA:
<b>College/University</b>		
Dates Attended:		GPA:
Major:		Minor:
Do you anticipate being enrolled as a full time student for the entire 2015-2016 academic year?    YES    NO		
If not, please explain:		
<b>FINANCIAL</b>		
Please list any aid received from all sources outside of your immediate family below (include amount and source).		
1		
2		
<b>ELECTED EXPERIENCE</b>	Please list all elected positions within the organization:	
<b>AWARDS</b>	Please list all honors and awards received in college:	
<b>COMMUNITY SERVICE</b>	Please list all non-fraternity related community service experience:	

I hereby certify that I will be a regularly enrolled student pursuing a full program of academic work that I will be an active member in my chapter during the 2016-2017 academic year; that I will use any scholarship assistance awarded to me by the Scholarship Committee only to defray direct educational expenses; and that I believe all information submitted to be true and accurate.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

