MARGARET PRINGLE MEMORIAL SCHOLARSHIP

Warrenton High School Warrenton, Missouri

Name:				
((Last)		(First)	(Middle Initial)
Address:				
Phone: (_)	Parent o	r Guardian's name:	
study:	_	-	ng to attend school a	and the intended major of
			ollege- from student	
Estimated resources to help pay for college- from guardian? \$				
Estimated resources of other scholarships/grants received to date: \$ Total estimated resources: \$				
			 Nu are awarded this	scholarship for use in
•	•			ip is?yesno
List any unusu	ıal expenses	s that affect	ability to pay for sch	nooling:
	·			
List Work Exp	erience with	dates (full o	or part-time, paid or	volunteer):
				d sports) include number of (, 12 th) you participated in each
DESERVE TH	IIS SCHOLA	RSHIP. YO	U MUST ALSO ATT	SAY STATING WHY YOU ACH 2 LETTERS OF average in high school,
				into consideration**
Ар	oplication is	due in the G	Guidance Office on A	pril 2nd by 3:15pm
	Information	below to I	pe completed by so	chool counselor
Class rank:	of	GPA:	ACT score:	Attendance %: