



# JUSTIN KEELE MEMORIAL SCHOLARSHIP APPLICATION

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street Apt #

City State Zip Code

3. Phone (Daytime) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

4. Name of Eligible Parent/Guardian \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

5. Education History. Include previous undergraduate and graduate education.

High School/Equivalent Address/City/State Year of graduation

University/College Dates attended Major Degree

Other/Vocational/Specialized Schooling Dates attended Certification

6. Name and type of academic or professional program in which you are/will be enrolled. Include focus/major of your education.

7. What are your long term educational and career goals?