THE BOWMAN- KERR LADIES AUXILIARY SCHOLARSHIP APPLICATION 2025

APPLICANT INFORMATION						
Last Name:	First:		M.I.			
Street Address:						
Cit	Chahai		7:	Zini		
City:	State:		21	Zip:		
Phone:	Email address:					
EDUCATION						
High School:	Address:					
Did you graduate? Yes No	If no, expect	If no, expected year of graduation:				
College:	Address:					
Please Circle:		Did you gradua	te?	Degree/Course		
Applied Accepted Enrolled	GPA:	Yes No		Of study:		
College:	Address:					
Please Circle:		Did you graduate?		Degree/Course		
Applied Accepted Enrolled	GPA:	Yes No		Of study:		
VOLUNTEER EXPERIENCES						
Please List all Volunteer experiences and duties:				al ataunat		
Name of organization:			Dates volunteered From: To:			
Traine or organization.			11.01			
Duties:			T			
Address:			Phone #:			
, ridar coo.			Dates volunteered			
Name of organization:			From: To:			
Duties:						
Duties.						
Address:			Phone #:			

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PLEASE LIST ANY/ALL RELATIONSHIPS Y DEPARTMENT AND OR LADIES AUXILAR	
Namo(s):	Relationship(s):
Name(s):	neiationship(s).
MILITARY SERVICE	
Branch:	Dates:
Rank at discharge:	
Type of discharge:	
SIGNATURE	
I certify that my answers are true and comple	ete to the best of my knowledge:
. see any anatomy answers are true and comple	to the west of my morneage.
Signature:	Date:

- A Cover letter is required to provide further detail of your volunteer experiences and to outline your educational goals and future plans.
- Please include a reference letter from your volunteer organization(s) stating your current status as a member.
- If currently enrolled please attach a copy of your current high school or college transcript.

All Applications must be submitted by **Friday, May 30, 2025** to Main Station. Please mark *Attention: Scholarship Committee*