

Della Clark & Florian Bales Memorial Scholarship
Deadline: February 15th

Name: _____

Address: _____

Phone: _____

High School: _____

County: Montgomery Bath Fleming Clark

HIGH SCHOOL STUDENTS COMPLETE THIS SECTION:

High School Senior: YES No

Graduation Date: _____

GPA: _____

ACT Score: _____

Anticipated Major: _____

List any other scholarship(s) you are receiving:

- 1.
- 2.

Please send application to Tammy.Hogue@eku.edu or fax to 859-622-1140. You may mail to me at the following address:

Tammy Hogue
College of Health Sciences
Rowlett 203
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475

If you have questions, please call 859-622-1137.