

Dr. William G. Mehos  
2026 Scholarship Application  
Due Date: March 21, 2026



Name of  
Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Current High  
School: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ Rank in class: \_\_\_\_\_ of \_\_\_\_\_

ACT taken: Yes: \_\_\_\_\_ Score: \_\_\_\_\_ SAT taken: Yes: \_\_\_\_\_ Score: \_\_\_\_\_

AP Classes \_\_\_\_\_

Dual Credit/  
College Classes \_\_\_\_\_

Certifications (ie.  
CNA, CMA, EMT) \_\_\_\_\_

College/University  
where you have  
been accepted: \_\_\_\_\_

Mailing Address  
for Financial  
Aid/Scholarship  
check: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Declared Major: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_