2020 HRRMC Foundation Scholarship

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| --- | --- | --- |
| Name of Applicant: | |  |
| Current Address: | |  |
| City, State Zip: | |  |
| Phone/Email: | |  |
| College or University where you are attending: | |  |
| Mailing Address: | |  |
| City, State Zip: |  | |
| Declared Major: |  | |
| Student ID# |  | |
| Applicant Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Today’s Date: |  | |