



Charles & Beulah Hendrix Honorary Scholarship

Scholarship Application

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Father: _____ **Place of Employment:** _____

Mother: _____ **Place of Employment:** _____

Brothers/Sisters Name(s): _____ **Ages:** _____

College or University you plan to attend: _____

Have you applied for other Scholarships? If so list: _____

College Major: _____

Do you plan to attend full-time or part-time? _____

Do you plan to work while attending college? _____

Please indicate which semester you wish to apply for, e.g. Fall '18: _____

List Academic Awards & Honors: _____
