

DELAWARE BASS FEDERATON

Mel "Big Daddy" Seichepine Memorial Scholarship Fund

SCHOLARSHIP APPLICATION

(Please type **or** print legibly using blue or back ink.)

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(NUMBER AND STREET)

(CITY) (STATE) (ZIP)

TELEPHONE # _____

HIGH SCHOOL/COLLEGE ATTENDING _____

ANTICIPATED COLLEGE MAJOR _____

Have you already been accepted for Fall 20__ enrollment? _____

High School Cumulative GPA: _____ Class Rank: _____ (example: 20 of 200)

Test (Attach copy of SAT/ACT Scores from Testing Center):

SAT _____ Exam Date _____; ACT _____ Exam Date _____

FAMILY INFORMATION

Father/Guardian

Name _____

ADDRESS IF OTHER THAN APPLICANTS

Mother/Guardian

Name _____

ADDRESS IF OTHER THAN APPLICANTS
