

For office use only
Student # _____
M _____ F _____

MICHAEL FIZER MEMORIAL SCHOLARSHIP

ALL CURRENT SENIORS ENROLLED IN SWEET SPRINGS R-7 PUBLIC
SCHOOLS ARE ELIGIBLE FOR THIS SCHOLARSHIP

Please complete and return to Mrs. Weber by April 26, 2024.

Please do not include anything with your name on it!

WHAT COLLEGE OR TRAINING PROGRAM DO YOU PLAN TO ATTEND?

WHAT WILL BE YOUR COLLEGE MAJOR OR COURSE OF STUDY?

DATE YOU EXPECT TO BEGIN COURSES? _____

DO YOU PLAN TO COMMUTE FROM HOME? _____

IF NOT, WHERE DO YOU PLAN TO LIVE? _____

PLEASE ANSWER THE QUESTIONS BELOW:

- 1. WHAT TYPES OF COMMUNITY INVOLVEMENT PROJECTS HAVE YOU PARTICIPATED IN? PLEASE LIST THOSE ASSOCIATED WITH SCHOOL ORGANIZATIONS SEPARATE FROM THOSE DONE ON PERSONAL TIME.**

- 2. WHAT ARE YOUR HOBBIES AND INTERESTS OUTSIDE OF SCHOOL?**

- 3. WHAT IS YOUR FAVORITE FAMILY ACTIVITY OR EXPERIENCE AND WHY?**
