

Dr. William G. Mehos
2024 Scholarship Application
Due Date: March 22, 2024



Name of Applicant: _____

Current Address: _____

City, State Zip: _____

Phone/Email: _____

Current High School: _____

Counselor Name: _____

Cumulative G.P.A. _____ Rank in class: _____ of _____
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: _____