

# Cody Duncan Memorial Scholarship

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ College Attending: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT Composite Score: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Mother \_\_\_\_\_ Father

Parental Employment: \_\_\_\_\_

---

In 100 words or less, please explain your feelings in regard to the United States Military:

---

---

---

---

---

---

---

---

---

---

In 100 words or less, please explain to the committee your financial needs for this scholarship:

---

---

---

---

---

---

---

---

---

---

Return to the Guidance Office by Monday, May 1<sup>st</sup>, 2023