

ELMER L. SMITH SCHOLARSHIP SCHOOL TRUST
Graduating class of 2021

Please print all information in **ink** or **type**.

I hereby

_____ wish to apply for the Elmer Smith Scholarship (continue below.)

_____ deny application to the Elmer Smith Scholarship.

Signature refusing application _____

Applicant's Name: _____ Date _____

Address: _____

Home Phone #: _____

Check Years of attendance at Glidden-Ralston:

_____ 2017-2018

_____ 2018-2019

_____ 2019-2020

_____ 2020-2021

Postsecondary Institution to be attended: _____

Address: _____

It is my understanding that any changes in the above information must be sent in writing to the Guidance Counselor, Glidden-Ralston Community School District, 602 Idaho Street, Glidden, IA 51443. I also understand that the trustees will pay the scholarship funds in September of the year immediately following the year of graduation from high school. This payment is contingent on my successful completion of a minimum of 24 semester hours of college credits at an approved postsecondary institution and adherence to all scholarship regulations. Transcripts must be in to Glidden-Ralston School by August 31 of the year following my graduation year.

Applicants Signature _____