

CLARK COUNTY CONSERVATION DISTRICT
WILLIAM W. THORN MEMORIAL SCHOLARSHIP
APPLICATION

PLEASE TYPE OR PRINT

SUBMIT BY: FEBRUARY 13, 2023

NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

(FOR FUTURE SCHOLARSHIP INFORMATION)

CLASS RANK _____ GPA _____

*CLUBS _____

*HONORS _____

*CAN BE ATTACHED IF MORE SPACE IS NEEDED

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

NAME OF SCHOOL ENROLLED TO ATTEND _____

LIST ANY OTHER FINANCIAL ASSISTANCE YOU ARE OR WILL BE RECEIVING _____

MAJOR OR FIELD OF STUDY _____

REFERENCE'S OTHER THAN TEACHERS, SCHOOL OFFICIALS OR RELATIVES:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

STATE REASON WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP _____

ATTACHMENTS REQUIRED: HIGH SCHOOL TRANSCRIPT AND COLLEGE, JUNIOR COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL ENROLLMENT.