

**CLARK COUNTY CONSERVATION DISTRICT**  
**WILLIAM W. THORN MEMORIAL SCHOLARSHIP**  
**APPLICATION**

PLEASE TYPE OR PRINT

**SUBMIT BY: FEBRUARY 16, 2024**

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.**