

CUSTER YOUTH AND ALUMNI FOUNDATION

Non-Traditional Student Scholarship

APPLICATION

Please type or print responses in blue or black ink and complete all sections.

NAME _____
Last First Middle

PERMANENT MAILING ADDRESS _____
Street number or P.O. Box Number

_____ City State Zip

HOME PHONE NUMBER _____ CELL NUMBER _____

PARENT/GUARDIAN NAME _____
Last First

MAILING ADDRESS _____
Street # or PO Box # City State Zip

NAME OF SCHOOL YOU PLAN TO ATTEND _____

WORK EXPERIENCE

Describe paid work experience and/or volunteer work you have had in the past four years. List positions/responsibilities, employers, and dates of employment.

