

# Live Like Ethan Cravens Memorial Scholarship

Name of Applicant: \_\_\_\_\_

Post Secondary Plan:

\_\_\_ College: Name of College \_\_\_\_\_

Intended Major \_\_\_\_\_

\_\_\_ Trade School: Name of School \_\_\_\_\_

Intended Path of Study \_\_\_\_\_

\_\_\_ Military: Name of Branch \_\_\_\_\_

Financial Need – In the space provided please check which one indicates your family’s adjusted gross income from last year’s tax return.

\_\_\_\_\_ Under \$15,000

\_\_\_\_\_ \$31,000 to \$35,000

\_\_\_\_\_ \$16,000 to \$20,000

\_\_\_\_\_ \$36,000 to \$50,000

\_\_\_\_\_ \$21,000 to \$25,000

\_\_\_\_\_ over \$50,000

\_\_\_\_\_ \$26,000 to \$30,000

Number of dependents in your parents’ family including yourself:

Children \_\_\_\_\_ Ages \_\_\_\_\_ Number attending college: \_\_\_\_\_

Extracurricular Activities – Organizations and clubs (show years of involvement; also, please indicate any office held.)

Honors and Awards:

**In addition to this application, please attach an essay on the following topic:**

- How did Ethan impact your life? If you didn't know Ethan, pick another classmate and describe how they have positively impacted you.

**APPLICATIONS DUE IN GUIDANCE BY MARCH 28, 2024**