Name:		Ph. #:
Address:		
Please initial each componen	t of the application:	
I am presenting a copy of	my registration to:	
☐ College/University	☐ Business College	☐ Nurses Training Program
□ Vocational	Training Program	□ Graduate School
I am attaching a typed lett not limited to the following:	ter listing personal and ed	ducational information including, but
<ul><li>Hobbies</li><li>Community Se</li></ul>	ence on Sauvie Island rvice civities, Accomplishments	and Awards
I am a resident of Sauvie I	sland at the present time	
	_	the Sauvies Island Grange, I will activities during the year in which my
	Signature:	
	Date:	

PLEASE SEND COMPLETE APPLICATION PACKETS TO THE FOLLOWING ADDRESS POSTMARKED NO LATER THAN APRIL  $15^{\mathrm{TH}}$ :

Katholeen McGinty, Scholarship Chair 22120 NW Gillihan Portland, OR 97231