Class Rank: _____ out of _244___

DEADLINE TO SUBMIT 2:45 P.M. MARCH 21, 2024

Dr. Walter Bacon Memorial Award
Application 2024

1. Applicant Name: _____
   Last First Middle Initial
   Address_____
   Town or City _____

2. Parent/Guardian's Marital Status
   Single ____ Married ____ Separated ____ Divorced ____ Widowed ____
3. Name of
   Father/Mother/Guardian_____
   Last First Middle Initial
   Address (if different from applicant) _____
   Employer _____
   Position: _____ Annual Salary $ _____
4. Name of Mother/Father/Guardian _____
   Last First Middle Initial
   Address (if different from applicant) _____
   Employer _____
   Position: _____ Annual Salary $ _____
5. Names, Ages, and Occupations of other dependents in Household?
   Name Age Occupation (If student, list grade and school)
   _____
   _____
   _____
6. Educational Plans:
   Name of School Planning to attend _____
   (attach a copy of Letter of Acceptance)
   Tuition $_____ Room & Board $ _____
   Additional Fees $ _____ Major: _____
   Career Goals and Plans: _____
7. Extracurricular Activities: (List offices held, awards received, both in school and in community)
   _____
   _____
   _____
8. Parent/Guardian's Liabilities (Monthly)
   1. Mortgage or Rent $_____
   2. Loans (specify) $ _____
   3. Other: _____
9. Extraordinary Expenses (feel free to describe any unique financial obligations you may have which are not apparent in the above items, i.e. medical expenses, support of parents, etc Use additional sheet of paper or back if necessary