

GLENN LANSDALE SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Date of Birth: _____ SSN: _____

Grade: _____ (*Graduating Seniors only*) Cumulative GPA: _____

Proposed Profession: _____

School you plan to attend: _____

Address of School: _____

Give a brief description as to why you think you deserve this creative writing scholarship: _____

Attach a short children's book story (text only) and return by May 1st

to: Robin Hollis
1307 Pennington Road
Warren, AR 71671

Applicant's Signature

Date