

JOHN R. SAUL EDUCATIONAL MEMORIAL SCHOLARSHIP

Sponsor: COLORADO COUNTY RETIRED TEACHERS ASSOCIATION

Criteria for this scholarship:

Demonstrate a financial need

Desire to be a classroom teacher

Include a current transcript

*Include Common Application and all other documents
you wish to share.*

Please complete all requested items:

Applicant: _____

(First Name, Middle, Last Name)

Home Address: _____

(Street, Rural Route or Box No.)

Place and Date of Birth: _____

Name(s) of Parent(s): _____

Parent's Address: _____

Father's Occupation: _____

Employer: _____

Mother's Occupation: _____

Employer: _____

Will you have any brothers or sisters attending college at the same time
you are attending college? (Yes No) If yes, how many? _____

Are you or will you be a candidate for any other scholarships such as
scholastic, athletic, work, etc.? (Yes No) If so, explain:

Due March 30th to office