

COLORADO SOCIETY OF MAYFLOWER DESCENDANTS

2023 SCHOLARSHIP APPLICATION

(Please Print)

Applicant: _____

Home Street Address _____

City, State, Zip _____

(Only Colorado Residents are eligible)

Home phone _____ Cell phone _____

Email _____

YOUR HIGH SCHOOL: _____

Address _____

Phone: _____ Guidance Counselor _____

COLLEGE, UNIVERSITY, OR OTHER INSTITUTION that you will be attending

Name of institution: _____

Address _____

Phone _____

ACADEMIC STATISTICS: Overall GPA _____

SAT/ACT Scores _____

Class Rank _____ out of _____

MAYFLOWER: If you are descended from a 1620 passenger complete the following:

Ancestor's name _____

Enclose documentation as an attachment to show your direct ancestry to this Mayflower ancestor (this needs to be a pedigree chart on a single page) Is/was a member of your family a member of the Society?

If so, what is/are their name, chapter and state? _____