

Rick Haefner Scholarship Program

APPLICATION FORM

Personal Information:

NAME: _____

AGE: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE #: _____

High School Education Information:

HIGH SCHOOL ATTENDED: _____

YEAR GRADUATED _____

ACTIVITIES AND INVOLVEMENT:

Post High School Education Information:

COLLEGE/VOCATIONAL SCHOOL ATTENDING: _____

ANTICIPATED YEAR OF GRADUATION: _____

ACTIVITIES AND INVOLVEMENT: _____

POST GRADUATION PLANS: _____

PLEASE RETURN THIS APPLICATION FORM ALONG WITH YOUR 250-500 WORD ESSAY TO:

JOANN HAEFNER 220 Ocean Hammock Loop Daytona Beach, FL 32124

joannhaefner@gmail.com

APPLICATION DEADLINE IN FEB. 20, 2023