



A-M FOUNDATION GRANT APPLICATION

DEADLINE: APRIL 1st

Name: _____

Email: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Cell Phone #: _____

Father/Guardian Name: _____ Occupation: _____

Mother/Guardian Name: _____ Occupation: _____

Father/Guardian Cell: _____ Mother/Guardian Cell: _____

College/University you plan to attend: _____

Anticipated Major/Career: _____

Class Rank: _____ out of _____

Cumulative GPA: _____ ACT/SAT Score: _____

Signature of applicant: _____

Verifying signature of counselor/administrator: _____

Please print and send your completed application to:

A-M Foundation Scholarship Application Committee

PO Box 222

Merna, NE 68856