



2024 Graham Erskine Memorial Scholarship Application

For Award for Use in Academic Year 2024-2025

Refer to Scholarship Announcement for eligibility requirements.

Please Type or Print Legibly

Full Name _____
Last First Middle

Northern Nevada Address _____
Street

City/Zip

Phone / Email

I. Scholastic

School Presently Attending: _____
Anticipated Graduation Date: _____
Cumulative Grade Point Average: _____
(Transcript must be attached)
Scholastic awards or achievements: _____

II. Accomplishments & Goals

A. List any community service you have been involved in:

B. List any non-academic awards you have received:

VI. APPLICANT'S CERTIFICATION

I have read the accompanying Graham Erskine Scholarship eligibility requirements and certify that the information contained in my application is complete and correct to the best of my knowledge.

Signature of Applicant

Date

VII. SUBMITTAL CHECKLIST

Signed Scholarship Application _____

Scholarship Award Information _____

Copy of educational transcript..... _____

Three letters of support (Two letters shall be from Faculty Members) _____

Example of student design work _____

VIII. SCHOLARSHIP AWARD INFORMATION

Applicant Name: _____

College: _____

Address for Bursars Office

Bursar's Account Number _____
(Typically student ID or SSN)

*Since award will be bestowed **after** school is out, please be sure to include a permanent home address, phone number, and email for notification:*

Address: _____

Phone: _____

Email: _____