

SCHOLARSHIP APPLICATION
GASTON MUSEUM EX-STUDENTS

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Date of Application: _____

Year of High School Graduation: _____

Address of High School Attended: _____ Phone: _____

College or Trade School Attending: _____

Address of College or TS: _____ Phone: _____

Relationship to Gaston School Alumni: _____

Relationship Name & Year: _____

What do you hope to be doing in 10 years?

Reason for applying for this scholarship:

Note: The Gaston Museum Scholarship is for the amount of **\$500.00**. A check will be sent to the chosen college upon proof of registration. **It is required that the scholarship recipient be related to a Gaston ex-student.**

Please mail completed application to: **Daneen Dean**
530 W. Main St. Henderson, Tx 75652

All applications must be submitted by: **JUNE 1, 2010**