

David M. Sunderman, Glenn C. and Esther Sunderman
Memorial Scholarship Application

Name _____ Phone Number _____

Address _____ Age _____

Parent's/Guardian's Name _____

Number of Brothers and Sisters _____

Number in College Next Year _____

Grade Point Avg. _____ ACT (Comp.) or SAT Score _____

Financial Need - Please indicate your family's adjusted gross income from your family's most recent tax return form:

_____ Under \$20,000

_____ \$20,000 to \$50,000

_____ \$50,000 to \$75,000

_____ Above \$75,000

List honors received while in high school _____

List extracurricular activities participated in, such as church groups, community volunteering, etc. _____
