

## 2024-2025 Friends University Legacy Scholarship Application Form

## **Biographical Information**

Last Name	First Name	M.I.	Student ID Number		
Address	City		State	Zip	
E-mail Address	Home Phone	Work P	hone	Cell Phone	
High School/Colleg	Cumula	ative GPA	Intended Major		
Desired enrollment	date: □ Fall 202	4 <u>      S</u> p	ring 2025		
High School Activit	ies:				
Extracurricular Acti	vities:				
Parent Informati	ion				
Parent/Guardian N	ame G	Graduation Date or Year(s) Attended Friends			
Parent/Guardian N	ame C	Graduation Date or Year(s) Attended Friends			
Parent(s) Address	City		State	Zip	