



Dorothy Reed Scholarship Application

West Branch Area Business and Professional Women's Club

Full Name: _____ Birthdate _____

Home Address: _____

Parent Names: _____

College Planning to Attend: _____

Program of Study Planned: _____

Last Four Digits of SS # _____ Grade Point Average: _____

School Activities:

Community Activities:

Work Experience:

Briefly State Your Future Plans:

Signature _____ Dated: _____

Please return to the OHHS office by: March 1st