APPLICATIONS MUST BE RECEIVED BY TUESDAY, FEBRUARY 21st, 2023.

Parent Faculty Association

Rollan Melton Elementary School

6575 Archimedes Lane, Reno, Nevada 89523

Official 7th semester transcripts must be attached to this application.

If not included, this application will not be considered.

Please Print					
Student Name					
	Last		First	Middle	
Address					
Homo Phono	Number and Street	Date of Pirth	City	State Coll Phone	Zip
Home Phone		Date of Birth		_ Cell Phone	
Have you been accep	oted to any institution	of post-high scho	ool study? If so,	where?	
Please check the box	es of each grade that y	ou attended Rol	lan Melton Elen	nentary School.	
	□K	□1 □2	□3 □	14 □5	
			-	-	
include any leadersh application.)	ip positions you've hel	d. (You may use	the lines below	or attach a separate	e piece of paper to this
	your involvement and a or attach a separate pio	·		oyment, clubs, grou	ps, teams, etc.). You may
	llowing questions on a more than 250 words			s should be typed. P	lease limit your responses to
1. How did your tim	e at Rollan Melton pre	epare you to succ	ceed academica	lly? Please be as sp	ecific as possible.
2. How would this s	cholarship support you	ur ability to atte	nd college?		
The signature below	certifies that the infor	mation given abo	ove is correct an	d true to the best of	f your knowledge.
Signature of applicar	nt				