

SAYLER MEMORIAL SCHOLARSHIP

In Memory of Harlen & Elaine Sayler

Applicant's Name: _____

Address: _____

Phone Number: _____

Parent/Guardian's Name _____

Cumulative GPA: _____ Composite ACT Score: _____

Name of Future School Planning To Attend: _____

Area of Concentration: _____

Future Plans & Goals:

Community & Church Activities:

High School Academic & Extra-Curricular Activities Awards & Honors:

