

Dr. Joe McAdoo Memorial Scholarship

Please print or type the following information:

Name: _____

E-mail address: _____

Permanent address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell (if applicable):** _____

Summer address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

College you attend: _____

Declared major: _____

Anticipated date of graduation: _____

What will be your class designation at the beginning of the fall 2009 semester? Junior Senior Graduate

Please list the names & phone numbers of two references with academic &/or professional communications experience:

Reference #1: _____ Title: _____ Phone: _____

Reference #2: _____ Title: _____ Phone: _____

Your signature gives members of the scholarship selection committee the right to verify the information submitted for the scholarship application.

Signature: _____ **Date:** _____

Please attach all required materials to this application form. Failure to include any of the above information can result in disqualification from consideration for the scholarship.
