

CHARLES DOBBINS FTA SCHOLARSHIP \$1000

Name		
Address		
City		
Phone	E-Mail	
FTA Member YES NO		
Relationship to an FTA Member	Name of FT	A Member
High School Name		
High School Address		
Name of School Counselor		
Date of Graduation or Pending Gradua	tion	
School or College you are, or plan to at	tend	
Major		
Name and Address of Local Newspape	r	

Proof of high school graduation and/or documentation indicating you have been accepted or are currently enrolled at an institution of higher education will be necessary. Please attach a short paper telling us about yourself, your career goals, and how this scholarship would help you achieve those goals.

Due APRIL 15, 2024.

Mail to:

Cory Van Driel 4781 475th Street Isle, MN 56342-9246