



# Ron Fritzman Memorial Scholarship Application Colorado Professional Rodeo Association

Return to: PO Box 668 Kersey, CO 80644 or fax: 719.213.2259

Mr.  Miss.

First Name	MI	Last Name
____/____/____ <small>Date of Birth (00/00/0000)</small>		____/____/____ <small>SOCIAL SECURITY NUMBER</small>

SEMESTER APPLYING FOR:     FALL     SPRING     SUMMER    YEAR \_\_\_\_\_

DATE ACCEPTED BY UNIVERSITY/COLLEGE \_\_\_\_\_  
(month/year)

CLASSIFICATION UPON ENTRANCE:     FRESHMAN     SOPHOMORE     JUNIOR     SENIOR

### PERSONAL INFORMATION

PERMANENT HOME ADDRESS

NO./Street/Apt.	Telephone
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City/State/Zip	County
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Email address

### EDUCATIONAL INFORMATION

#### HIGH SCHOOL

#### COLLEGE/UNIVERSITY

NAME \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATES OF ATTENDANCE \_\_\_\_\_

DATES OF ATTENDANCE \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_

### CERTIFICATION

I certify that to the best of my knowledge, the information provided in this application is correct. I have completed this application with the understanding that it is the property of the Colorado Professional Rodeo Association.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I (we) certify that to the best of my (our) knowledge, the information provided is correct (one parent or guardian signature required).

APPLICANT'S FATHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S MOTHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_