



Ron Fritzman Memorial Scholarship Application Colorado Professional Rodeo Association

Return to: PO Box 129 | Granada, CO 81041

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