



Judy Yates-Rideoutt Memorial Scholarship

Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Please list the program/programs you have participated in with Stars That Shine?

Please provide the name of your educational institute. Including your current or prospective college or trade school.

Please select your current education level.

- Freshman
- Sophomore
- Junior
- Senior

What is your current or prospective concentration of study, major or trade?

What are your academic and/or career goals?

