

**THE FRANK HEMPHILL
MEMORIAL SCHOLARSHIP
\$500.00**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

PARENT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ GPA: _____

To receive this scholarship you must have consistently been involved as an athlete during your high school career and be in good standing.

THIS FORM NEEDS TO BE COMPLETED AND RETURNED TO THE HHS GUIDANCE OFFICE BY APRIL 1.

This application is available as a Adobe Acrobat (PDF) file and can be downloaded from the [usd258.net](http://www.usd258.net) website at <http://www.usd258.net/scholar/scholar.htm>.

