

Earl E. Mickel Memorial Scholarship Application



Carefully read the Applicant information sheet to determine eligibility before completing application.

Write or type your full name in the upper left corner of all pages, including attachments.

Make sure all portions of the application are complete and include all requested enclosures. Incomplete applications can not be considered.

Applicant and school guidance counselor, principal or dean must sign the application.

Return application no later than July 1st to:

Preston Lawson
Chairman - CCMCG
110 Lindseys Cove
San Antonio, Texas 78258
(210) 497-7925

Applicant Information

Date: ____/____/____

Date of Birth: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____

E-Mail Address: _____

Parent or Guardian's Name: _____

Guild Member's Name: _____

Extracurricular Activities

List involvement in school related organizations: _____

List elected leadership positions held: _____

List any other activity that demonstrates community leadership or involvement:

List any school or community awards received: _____

List any job experience: _____

School Information

High School/College _____

Expected Graduation Date _____

College Plan to Attend _____

Major Study Area _____

