

REGISTRATION FORM

RETURN THIS PAGE:

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ BIRTH DATE __/__/__ EYE COLOR _____ HAIR COLOR _____

TELEPHONE (HOME) _____ (WORK) _____

SCHOOL _____ GRADUATION DATE _____

OCCUPATION _____ COMPANY _____

COLLEGE OR UNIVERSITY (ATTENDING OR PLANNING TO ATTEND)

PARENTS NAMES _____

PHONE (WORK) _____ (HOME) _____

Registration fee.....\$75.00

My/Our contribution to the Fair Scholarship fund is\$ _____

Total _____

_____ Check or cash enclosed

_____ Yes, I would like a tax deductible statement for my contribution to the Scholarship Fund.