



Founding Fathers Scholarship

Presented by the Irish American Society of County Will

Name: _____

Address: _____

Phone: _____ Email: _____

Current High School: _____ Cumulative GPA: _____

Extracurricular Activities/years of participation: (optional - attach separate sheet):

Volunteer Work (List activities and approximate amount of hours contributed):

Employment Experience (if applicable): _____

Name of Employer: _____

Time/Years of employment: _____ Avg. numbers of hours per week: _____

Position/s held: _____