

<u>APPLICATION</u> David M. Cline Scholarship

HAMPTON WILDLIFE FUND P.O. Box 2641, Columbia, SC 29202

Phone: 803-600-1570 Email: goller.jim@gmail.com

Web: Hampton Wildlife Fund. org/scholar ship. html

Photo: No staples or tape

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Date:			Male	Female			
Name:	Date of Birth:						
Address:	City/State/Zip:						
Email:							
Telephone Number:	Cell Number: _						
High School:		_ Graduation Date:					
Mailing Address of High School:							
College/College Preference:		_Expected Graduation 1	Date:				
Mailing Address of College:							
		for this scholarship. **********	******				
Special interests and/or hobbies outside of							
Job Experience (e.g. after school, summer	·, etc.):						

Parent's Name(s):				<u>-</u>		
Father's Employer:		Position:				
Mother's Employer:		Position:				
FINANCIAL INFORMATION What range was your parents combin \$0 - \$25,000 \$50,000 - \$75,000 Number of children (includ ***********************************	ned income for th \$25,	ne past calendar y 000 - \$50,000 000 and up rently being supple ***********************************	ear? ported by your p ******	arents		
Name Pell Grant State Tuition Grant Life Scholarship Palmetto Fellow Other	(Yes/No)	(Yes/No)	<u>Duration</u>	<u>Amount</u>		
your career ambitions in the scholars wildlife resources, the environment, are awarded this scholarship. (No m************************************	ship field(s) and vecoastal resources ore than three passes with class rate or ACT or BOTH hy (See explanate	why you desire as or related topic ges typed). ********* * each item is incoming (if class rath). ion above).	college educations and why you we want to see the college education with th	on. Explain your interest in will be good investment if you ***********************************		
Completed application and a CERTIFICATION BY PARENT A information that will verify the accurate David M. Cline Scholarship is for available to cover costs. There is no	AND STUDENT racy of your comor one (1) year on	: By signing this pleted application and that all sc	application, yo n. You also ack holarships depe	u agree, if asked, to provide nowledge that you understand		
Parent Signature			Date			
Student Signature ************************************	سند داد داد داد داد داد داد داد داد داد د	ن د د د د د د د د د د د د د د د د د د د	Date			

* Completed application and above information mailed no later than <u>January 31, 2024</u>.

CLINE: Revised 9/2023

MAIL TO: Hampton Fund Scholarships Post Office Box 2641 Columbia, SC 29202