



The Rosa Parks Memorial Scholarship

Name: _____

Local Address: _____



Phone: _____

E-Mail: _____

Title of Entry: _____

Format (DVD, Poem, Essay, etc.): _____

Class Standing: _____

Major: _____

Hometown: _____

Class Schedule

MWF: _____

T/TH: _____

For Office Use Only

Entry Number: _____

Date/Time Submitted: _____