



ST. LOUIS ALUMNI ASSOCIATION, INC.

P.O. Box 493

Biddeford, Maine 04005

Tel. (207) 282-2285

<https://sites.google.com/site/stlouisalumnibiddeford>

Dedicated to Youth since 1940

**SOT
Scholarship Application**



Name _____

Address _____ Date of Birth _____

_____ Telephone # _____

High School _____

High School GPA (past 2 years) _____

Colleges, Universities, Technical Schools to which you have been accepted / tuition costs

1. 1. _____

1. 2. _____

1. 3. _____

Intended major _____

Extra Curricular Activities _____

A short summary of your high school achievements, accomplishments, or successes:

MUST BE RECEIVED BY MAY 1.

Have your transcript and application mailed to:

St. Louis Alumni Association

Scholarship Committee Signature _____

PO Box 493

Biddeford, Maine 04005

Sponsor _____