



RUPERT BECNEL HIGH SCHOOL EMR SCHOLARSHIP

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REGISTRATION FORM

Name: _____

Email Address: _____

Date of Birth ____/____/____ Cell: _____

Mailing Address: _____

Overall GPA: _____

Any Awards/Achievements: _____

Sports/Clubs: _____

What is your career/field of interest? _____

Parent information

Name: _____

Email Address: _____

Date of Birth ____/____/____ Cell: _____

Mailing Address: _____

Parent Signature: _____

Applicant/Student Signature: _____

School Official Signature: _____