



John D Miller Scholarship Foundation

Student Application Form

Application must be received by June 1, 2020

Student's name: _____ Phone: _____
 Home Address: _____ Zip Code: _____
 Email address: _____
 Name of high school: _____
 Address of high school: _____ Zip Code: _____
 Parent's name: _____ Length of postal service: _____
 Parent's postal position and location: _____ Zip Code: _____
 Type of program you plan to pursue: _____

List activities in which you have participated, both in and out of school, and office held.
 (Examples: Secretary, Student Council, High School Orchestra, Senior Patrol Leader,
 Boy Scouts, Business Manager, School Annual, Girls State Representative, 4-H
 FFA. etc.): Add additional sheets if required.

Grade 9: _____
 Grade 10: _____
 Grade 11: _____
 Grade 12: _____

Enumerate any outstanding achievements in co-curricular activities: _____

Student information: Please write a short autobiography and the reasons you wish to attend a post-high school educational institution on a separate sheet of paper.

Parent's signature: _____ Date: _____
 Students signature: _____ Date: _____

All students and parents are required to sign a Release of Information form to allow the release of scholastic data to assist the scholarship committee in making their selection of candidates. This form should be sent to the principal of your high school.

Send completed application before June 1, 2020, to:

Blaine R. Miller
 2148 Hawthorne Ave. E
 St. Paul, MN 55119-3221

All forms must be submitted in triplicate