

THOMAS H. GOUGH MEMORIAL SCHOLARSHIP  
APPLICATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Required Criteria:** Student must be enrolled in Woodshop I or Woodshop II during their senior year; demonstrate a strong work ethic, have excellent class attendance, produce top quality projects, and complete the application.

Briefly describe why you should be considered for this scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Return completed application to Mrs. Hines in Guidance by May 1st\*\*