Columbia Pacific 7-Eleven Franchise Owners' Association

SCHOLARSHIP APPLICATION

Last Name:	First:	Middle:
Home Address:		
City:	State:	Zip:
Telephone Number(s):		
Date of Birth:		
	ASSOCIATION MEMBER NAME	(If Applicable)
Member Name:		
Relationship:		Store Number:
	ACADEMIC RECOI	RD
High School:	Location:	
High School GPA:	Ranking in Graduating Class:	Number in Graduating Class:
College (If not currently enrolled which College you plan to attend)		
Name:		
Location:		
College GPA (If Applicable): _	Major:	
Applicant's Signature:		Date:

Please Attach the Following Items to Application:

- 1. High School and College (If applicable) Transcripts.
- 2. Brief one page double spaced essay with future academics and life goals.
- 3. Letter of recommendation from instructor or current franchisee.

Send to:

Jerry Crippen 5734 Table Rock Rd Central Point, OR 97502 Jcrip5734@clearwire.net