

INTERIOR DESIGN SCHOLARSHIP APPLICATION COVER SHEET

FIRST NAME	LAST NAME	LAST NAME		
ADDDRESS	CITY	STATE	ZIP	
TELEPHONE	name of pare	NAME OF PARENT(S)/OR GUARDIAN(S)		
NAME OF COLLEGE OR UNIVERSITY YOU WILL BE ATTENDING				
SEMESTER YOU WILL START AT	THE COLLEGE OR UNIVERSIT	Y (SUMMER OR FAI	LL 2024)	
NAME OF HIGH SCHOOL GUIDANC	E COUNSELOR			