**JOHN MARKEY MEMORIAL SCHOLARSHIP**

***Applicant must be a resident of Durham Township***

**Name:**

**Address:**

**Telephone:**

**Father’s Name:** **Mother’s Name:**

**Name of the college/university/trade school you plan on:**

**Intended major/field of study:**

**High School Cumulative Grade Point Average:**

**Class Rank:** **Out of:       students**

**ACT/SAT Composite Score:**

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**