



**TENNESSEE SCHOOL PLANT MANAGEMENT ASSOCIATION
TSPMA MEMORIAL SCHOLARSHIP APPLICATION**

I. GENERAL INFORMATION

Name of Student: _____,
Last First Middle
High School: _____ Graduation Date: _____
Address: _____ City: _____
State _____ Zip Code _____ County _____
Telephone# (____)-____-_____ Date of Birth ____/____/____

II. TSPMA MEMBER INFORMATION

Name of TSPMA Parent _____,
Last First
Address _____ City _____
State _____ Zip Code _____ County _____
Home Telephone#(____)____-_____ Work Number#(____)____-_____
School System: _____ Position _____

III. SCHOOL INFORMATION

Name of Institution to which the scholarship will apply:

Address: _____ City _____
State _____ Zip Code _____
Phone#: (____)-____-_____

IV. ACADEMIC INFORMATION

High School GPA: _____ College GPA: _____
Extra Curricular Activities (High School/College/Community):

Honors, Recognitions & Awards Received (High
School/College/Community):

**V. Please attach remarks of 300 words or less explaining why you think
you deserve this scholarship.**

VI. Please attach your latest Transcript

I certify that I have read and understand the eligibility criteria, and that all the
information contained on this form or attached documents is true and correct.

Signature

Date