

Malvern Brickfest Scholarship Application

Please send completed application to
Malvern Brickfest
P.O. Box 26
Malvern, AR 72104

Please print or type:

Name: _____

Address: _____
City State Zip

County: _____

Date of Birth: _____ Gender: Female _____ Male _____

Academic/Career Interest: _____

Authorization to Release Scholastic Information

Federal Law requires that we obtain written permission before releasing information to the news or media or high school officials regarding scholarship recipients. If you wish to give permission, please sign and complete the following necessary information.

Applicants Signature

Parent/guardian Signature

Guidance Counselor Certification

Grade Point of Student after first Nine Weeks

County Residence

Signature of Counselor /Official

**Application Must Be Turned In To Malvern Brickfest by
May 1st**