

# 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 into Malvern Brickfest by  
April 17<sup>th</sup>, 2023**