

# STEPHEN T. MATHER MEMORIAL SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (h): \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

List school & community activities, honors earned, and offices held:

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This space is used for you to provide information and career goals, background, and any other information that would assist the committee in judging for the Stephen T. Mather Memorial Scholarship. Attach an additional sheet of paper if necessary.

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Send Application to Chris Mather c/o Top Gun Academy Foundation 4109 Simcoe Lane Louisville, KY 40241 or email [cmather@springhurst.com](mailto:cmather@springhurst.com)