Stephen T. Mather Memorial Scholarship Application

Name:_____

Address:_____

City:_____ ST:_____ Zip:_____

Phone: (h)_____ (cell)_____

Email:_____

High School:_____

GPA:_____ Class Rank:_____ SAT_____ ACT _____

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

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This space is to be used for you to provide information about career goals, background, and any other information that would assist the committee in judging for the Stephen T. Mather Memorial Scholarship.

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Send application to:

Chris Mather c/o Top Gun Academy Foundation

4109 Simcoe Lane Louisville, KY 40241

Email: topguntennis@earthlink.net Fax: (502) 412-1398