

**Watts Reunion, Inc. David Watts Memorial Scholarship**  
**College Scholarship Application**

Please Complete All Fields

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
(Street / Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name & Address of Parents / Guardian: \_\_\_\_\_  
(Street / Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

Parents' and/or self / spouse's Annual Income: \$ \_\_\_\_\_

Number of Dependents in Your Family: \_\_\_\_\_

**NOTE: A COPY OF INCOME TAXES WHICH VERIFIES YOUR PREVIOUS TWO ANSWERS MUST BE ATTACHED TO THIS APPLICATION**

Are Any Members of Your Family Enrolled At A College or University? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, How Many Members of Your Family are Enrolled and at Which College or University? \_\_\_\_\_

Name and Address of High School: \_\_\_\_\_  
(Name of High School)

\_\_\_\_\_  
(Street / Route) (City) (State) (Zip Code)

\*\* Please List All High School Activities and Accomplishments for Grades 9-12 on a Separate Sheet and Attach to This Application.

**NOTE: A CERTIFIED COPY (STAMPED WITH SEAL) OF YOUR HIGH SCHOOL TRANSCRIPT WHICH VERIFIES YOUR PREVIOUS THREE ANSWERS MUST ALSO BE ATTACHED TO THIS APPLICATION.**

School Academic Year For Which You Are Applying: \_\_\_\_\_

Name of College or University You Plan To Attend: \_\_\_\_\_

