

# SPECTRE ASSOCIATION SCHOLARSHIP APPLICATION

## ELIGIBILITY:

1. Be a bona fide dependent of a member in *good standing* of the Spectre Association.
2. Be a college eligible student or be enrolled on a full time basis in college.

## POLICY:

1. The winner(s) shall be announced at the annual reunion.
2. The winner(s) shall not receive the actual scholarship until enrolled at an accredited institution of higher learning and the secretary of the association has been notified where the money shall be sent.
3. The check will be mailed by January 15 of the following year.

Applicant's Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

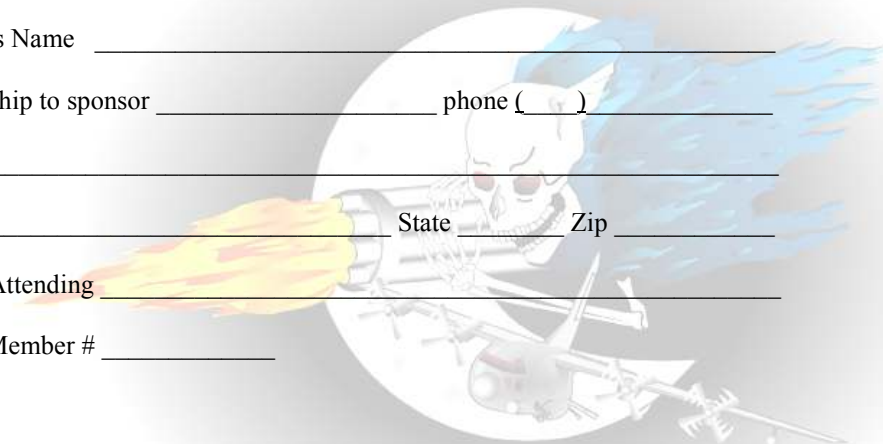
Relationship to sponsor \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Attending \_\_\_\_\_

Spectre Member # \_\_\_\_\_



Send this Application To:  
SPECTRE ASSOCIATION, INC  
P.O. BOX 707  
MARY ESTHER, FL 32569-0707

Note: Applications must be received *no later than* September 30, 2006