APPLICANT NAME_____ M OR F

PARENT'S NAME WHO IS S.D. IAWP MEMBER_____

MAILING ADDRESS_____

H.S. APPLICANT IS GRADUATING FROM:_____

ADDRESS OF H.S. _____

NAME OF HIGH SCHOOL COUNSELOR _____

NAME AND ADDRESS OF SCHOOL OF HIGHER EDUCATION CHOSEN BY THE APPLICANT _____

NAME AND ADDRESS OF HOME TOWN NEWSPAPER_____
_____

NUMBER OF SENIORS IN YOUR CLASS_____YOUR RANKING_____
YOU WILL NEED TO ATTACH A COPY OF YOUR TRANSCRIPT
WRITE A SHORT AUTOBIOGRAPHY BELOW:

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