



**THE CITADEL**  
FINANCIAL AID

**Dr. Thurman Council Sparks, Class of 1918 Scholarship**

**Interest Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Month and Year of Anticipated High School Graduation: \_\_\_\_\_

Have you applied to attend The Citadel?  Yes  No  In Process

If the answer is no, do you intend to apply? Yes No

*Please print form and sign (electronic signatures are not accepted)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_