Application for:

THE GILES M. GILLEY SCHOLARSHIP

Given by The Institute of Roll Design

i	First	Middle	Last	nt Information please print cleasest Social Security Number		Date of Birth		
Name:								
ivaille.	Nι	ımber and Street		Cit	у	State	Zip Cod	
۸ ddraaa.								
Address:	Home Work			Mar		ital Status (Circle One)		
Telephone:				Single	Married	Divorced	Widowed	
Immediate Family Members in College			Rela	Relationship		Date of Birth		
Family Members Living at Home			Rela	Relationship		Date of Birth		
Institut	te of Roll Design A	ssociation						
Parent or Guardian Name			Place of	Place of Employment			Occupation	
IRD Mem	bership Status:	□ Active	☐ Associate		perations	□ Exe	empt	
	ricular school act						•	
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rito o obort	0000W 00 W0UF 0	ea for this sch	piarsnip. Also ine	ention any	other schol	arsnip iunui	ng	
	essay on your ne							
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Date: _____