



David Arthur Maynard Scholarship Application

Contact Information

Name:* _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:* _____

Cell Number: _____

Email Address:* _____

NEIC Sponsor:* _____

Academic Information:

Date of Application: _____

College or University Attending:*

Major / Minor:*

* Indicates Required Information