[**Bill Dillon Memorial Scholarship**](https://docs.google.com/document/d/1iCzmwSjVHoTzrFeyrvzZjoO5jdReYID4iMUcLXIaqSs/edit)

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| **Name:** |  |

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| **Address:**  |  |  | **NC** | **27920** |

 ***Mailing Address City State Zip Code***

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| **Number of other children in college** | **0** | **Ages:** |  |

**Any special circumstances affecting your financial need (medical expenses, care of additional family, etc.)**

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| **Name of College or Trade School you plan to attend:** |  |

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| **High School Sports Participation: What sports did you play and for how many years** |  |

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