

THOMAS RYAN
MEMORIAL SCHOLARSHIP
SUMMARY OF ACTIVITIES

NAME _____ SCHOOL _____

CLASS RANK= _____ GPA= _____ SAT CR= _____ M= _____ W= _____

(IF ADDITIONAL SPACE IS NEEDED, PLEASE INCLUDE SEPARATE SHEETS)

SCHOOL ACTIVITIES, CLUBS, ETC.

ATHLETIC ACTIVITIES:

COMMUNITY SERVICE:

VETERANS RELATED PROGRAMS:

OTHER: