

Sister Cities of Vandalia  
Sophomore Year Scholarships

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of University/College: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ College GPA: \_\_\_\_\_

Short Summary of your freshman year of College:

Please send this application and a transcript of the entire first year to:  
[vandaliasistercities@gmail.com](mailto:vandaliasistercities@gmail.com)