LOCAL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP			
APPLICANT NAME			
Home Address:			
Home Phone:			
By submitting this application, I to the scholarship committee any			
Signature: ACADEMIC ACHIEVEMENT		_ Date:	
Grade Point Average:			
Class Rank: of	Number in class)		
Total number of credits e	earned:		
Total number of college of	credits earned:		
ACT Composite: (36 possible))		
SAT: Reading:	Math:	Writing:	

EXTRA CURRICULAR ACTIVITIES:

List clubs and organizations you have been in since starting high school. (Include community groups as well)

IAME OF ORGANIZATION	YEARS	OFFICES HELD
WARDS AND HONG)RS•	
	I honors received during I	nigh school.
VARD	5	YEAR
AND		ILAN
ORK EXPERIENCE:		
	nmer or full time jobs.	
MPLOYER	DATES WORKED	DUTIES
PLOTER	DATES WORKED	DOTTES

FINANCIAL NEED:

Expenses For Freshman Year:

Tuition and fees	
Room and Board	
Books and Supplies	
Transportation	
Laundry and Cleaning	
Other Expenses	
Total Expenses	
How Freshman Year Will Bo	e Financed:
How Freshman Year Will Be	e Financed:
	e Financed:
Personal Savings	e Financed:
Personal Savings Scholarships	e Financed:
Personal Savings Scholarships Help from family	e Financed:
Personal Savings Scholarships Help from family Help from others	e Financed:

- Attach a copy of your transcript.
- Attach two or three letters of recommendation.
- Attach a one page essay outlining your career plans and tell why you selected the career you have chosen.