Application for Scholarships & Scholastic Awards

2014-2015

The following questionnaire will provide the Scholarship Committee with information needed for providing nominations and scholastic awards to seniors.

* **All sections of this application must be completed (including financial information) for you to be considered for scholarships.**
* **The due date is:**
* Submit your application to:
* Completion of this form **does not guarantee** that you will receive any scholarship money.
* **ALL INFORMATION PROVIDED ON THIS FORM WILL BE TREATED AS CONFIDENTIAL.**

Section 1 – Personal Information

Name *(please print clearly)*:

Student ID #: Social Security #:

Address:

Home Phone: Your Cell Phone:

Your E-Mail Address:

Highest SAT/ACT Score: Cumulative GPA as of June 2013:

Section 2 – Higher Education Plans

List, in order of preference, any **four-year colleges/universities** to which you intend to apply:

1.

2.

3.

4.

If known, your intended major/interest:

List, in order of preference, any **community college or technical/vocational school** to which you may apply:

1.

2.

3.

4.

If known, your intended area of concentration:

Section 3 – Financial Plans

How do you or your family plan to fund your post-high school education?

Section 4 – Family Financial Information

***CONFIDENTIAL – for Scholarship Committee members only***

This information is very important for you to be considered for any “need”-based scholarships, and applies to the person(s) legally responsible for your financial welfare (your parents, foster parents, or other legal guardians).

Student resides with:  Mother and Father  Single Parent

Other: # of Individuals in Family:

Father’s Name:

Occupation:

Yearly Gross Salary:  under 30,000  30,001-50,000 -50,001-75,000  75,001-100,000  over 100,000

Mother’s Name:

Occupation:

Yearly Gross Salary:  under 30,000  30,001-50,000  50,001-75,000 -75,001-100,000  over 100,000

Number of persons living in the home who are dependent upon this income (including yourself):

Adults: Children (include ages):

Are any of your brothers/sisters currently attending college?  Yes  No

**Please complete the FAFSA4CASTER online now at FAFSA.ed.gov**, then enter your EFC (Estimated Family Contribution) here:

Section 5 – Special Circumstances

If you wish, describe any unusual or special circumstances that may make financing your post-high school education a hardship (such as hospital bills, disabled parent, you are self-supporting, etc.) Continue on other side or additional page if necessary.

Section 6 – Additional Information

Please complete as much of the following as is applicable. Continue on other side or additional page if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Honors/Awards/Leadership** | |  | | |
| Description | | Your Grade Level | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **Extra-Curricular Activities** | |  | | |
| Description | | Your Grade Level | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **Community Involvement (non-school-related)** | |  | | |
| Description | | Your Grade Level | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **Employment Experience** | |  | | |
| Description | From Date | | | To Date |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| **Significant Travel** | | |  | |
| Description | From Date | | | To Date |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |

Section 7 – Statement & Signature

“I have read the statements in this application and I certify that, to the best of my knowledge, they are true.”

Student Signature: Date:

**When completed, please return this form to:**