

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](https://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: