

ALUMNI SCHOLARSHIP APPLICATION

Due March 16th to the Counselor's Office

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Class Rank _____ of _____ students ACT Score _____

Parent's Name and addresses _____

What is your intended major and/or career goal?

What school are you planning to attend?

Why are you pursuing this field?

List school activities, honors, awards, and organizations of which you are a member and office you've held.

List both paid and volunteer work experience and job duties you have performed.

ALUMNI SCHOLARSHIP APPLICATION

Choose a word that describes you and explain in 100 words or less why this is the best word to describe you.

The information on this application is correct to the best of my knowledge and belief. I grant permission to school officials to release information concerning academic standing, test results and class enrollment for use by the scholarship committee.

Signature of Applicant

Date