



Scholarship Program

PERSONAL INFORMATION:

STUDENT'S NAME		TELEPHONE NUMBER	
ADDRESS	CITY	ST	ZIP
PARENT'S / GUARDIAN'S NAME		TELEPHONE NUMBER	
PARENT'S / GUARDIAN'S ADDRESS	CITY	ST	ZIP

HIGH SCHOOL STUDENT INFORMATION:

PLEASE FILL OUT THIS SECTION IF YOU WILL BE GRADUATING HIGH SCHOOL IN 2017

NAME OF HIGH SCHOOL	NAME OF PRINCIPAL OR COUNSELOR
HIGH SCHOOL'S ADDRESS	CITY ST ZIP
COLLEGE YOU PLAN TO ATTEND	PLANNED MAJOR
COLLEGE ENTRANCE EXAM SCORE (ACT OR SAT)	CUMULATIVE HIGH SCHOOL GPA (ATTACH HIGH SCHOOL TRANSCRIPT)

COLLEGE STUDENT INFORMATION:

PLEASE FILL OUT THIS SECTION IF YOU ARE CURRENTLY A COLLEGE FRESHMAN, SOPHOMORE OR JUNIOR.

COLLEGE CURRENTLY ATTENDING	MAJOR
CUMALATIVE COLLEGE GPA (ATTACH HIGH SCHOOL TRANSCRIPT)	ANTICIPATED GRADUATION DATE

Are you currently employed? Yes _____ No _____

If yes, what type of work and how many hours per week?

List other employment held:

Please provide a short statement as to why you are applying for this scholarship:
