



Scholarship Program

STUDENT 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 INFORMATION:

NAME OF HIGH SCHOOL _____ NAME OF PRINCIPAL OR COUNSELOR _____

HIGH SCHOOL'S ADDRESS _____ CITY _____ ST _____ ZIP _____

Extra curricular activities, organizations, offices held (include years of involvement):

Honors and awards:

Community or other activities:

Are you currently employed? Yes _____ No _____

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

List other employment held:
