



Scholarship Application

Date _____

APPLICANT INFORMATION:

Name _____

Address _____

Telephone (daytime) _____

(evening) _____

Male

Female

Age (if under 18) _____

Class for which scholarship is requested: _____

Reason for Scholarship: _____

Amount Requested: _____

Parent or Guardian's Name _____ Monthly Income _____

List any other sources of income: _____

List any other scholarships applied for: _____

List any other children living at home: _____

I certify that all information on this application is true and accurate to the best of my knowledge. I understand that if false information is provided, the scholarship will be revoked and no future scholarships will be awarded to me or any family member.

Applicant's Signature

Parent/Guardian's Signature

Approved by: _____ Final Scholarship Amt: _____

2/18/14