

HHS – Local Scholarship

Name: _____ Age: _____

Address: _____

Phone: _____ Class Rank: _____ GPA: _____

College/University You Plan Attend _____

Proposed College Major: _____

Occupational Choice: _____

Father's Name _____

Occupation of Father _____

Mother's Name _____

Occupation of Mother _____

Approximate Combined Income: _____

Number of brothers/sisters younger than you: _____

Number of brothers/sisters currently in college: _____

Name two high school teachers who will give you letters of recommendations;

1.) _____

2.) _____

(Letter of recommendation must be attached to application).

Leadership – List the organizations you belong to and any offices you hold, **past & present**

Extracurricular Activities – List other activities in which you have participated in **past & present**

Volunteerism – List volunteer activities in which you have participated: ***past & present***

Honors & Awards, list any honors or awards you have received:

Work Experience – List specific jobs that have paid money to compensate you for your services and give the names of your employers:

I understand that my transcript will be filed with this application and will not be returned to me.

Applicant's Signature

Date

SUBMIT A COPY OF YOUR TRANSCRIPT AND ACT/SAT TEST SCORES WITH THIS APPLICATION.

APPLICATION DEADLINE March 17