



Alliance Association of Office
Professionals

SCHOLARSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____

PHONE NUMBER WHERE YOU CAN BE REACHED _____

HIGH SCHOOL _____

PARENTS/LEGAL GUARDIANS _____

FATHER'S EMPLOYER _____ AVG. ANNUAL INCOME \$ _____

MOTHER'S EMPLOYER _____ AVG. ANNUAL INCOME \$ _____

YOUR EMPLOYER (if applicable) _____ AVG. ANNUAL INCOME \$ _____

OTHER FAMILY MEMBERS & AGES _____

CURRENT GRADE POINT AVERAGE _____ CLASS STANDING _____

COURSES TAKEN IN LAST 3 YEARS _____

LIST AFTER SCHOOL & OUTSIDE ACTIVITIES YOU ARE/WERE INVOLVED WITH IN LAST 3 YEARS _____

ARE YOUR PARENTS PLANNING/ABLE TO ASSIST YOU WITH COLLEGE TUITION? _____

DO YOU PLAN TO WORK WHILE ATTENDING COLLEGE? _____ IF SO, WHERE _____

HAVE YOU BEEN ACCEPTED BY ANY COLLEGES? _____ IF SO, WHICH COLLEGES? _____

NAME THE COLLEGE YOU WANT/PLAN TO ATTEND _____

WHAT WILL BE YOUR MAJOR? _____

DO YOU PLAN TO MINOR IN A FIELD? _____

Please attach a teacher recommendation & a transcript of your high school grades to this application (sign proper papers with your counselor for their release). You may also include a one paragraph essay as to why you feel deserving of our scholarship. Return application by Monday, April 2, 2018 to Christina Brienza; AAOP; c/o 210 E. Main St., Alliance, OH 44601