

GIDDINGS NOON LIONS CLUB SCHOLARSHIP APPLICATION FORM

Students Name _____

Mailing address _____

City _____ State _____ Zip _____

Phone number _____ Cell number _____

List the name of the college, university or other institution student plans to attend

First Choice _____

Second Choice _____

1. Please complete in black or blue ink.
2. It is preferable that the essay questions be filled out with original handwriting and limited to the space provided.

This applicant will graduate in May and plans to attend a college or technical school

Principal or Counselor's Signature _____ Date _____

Expiration Period

If selected, applicants must use scholarship within two years from date of graduation.

Signature – Applicant

Signature – Scholarship Chairman

Applicant Name: _____

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OBJECTIVE CRITERIA LIST

Parts I, II, and III of this form are to be completed by the applicant's principal or counselor. Parts IV, V, VI are to be completed by the applicant. All pages must be returned to the: Giddings Noon Lions Club, Scholarship Chairman, PO Box 282, Giddings, TX 78942 or turned into Counseling Center by March 26th.

- I. College entrance examination score.- (ACT or SAT) circle type exam taken
 SAT Combined Score or ACT Composite Score _____
 Critical Reasoning _____ Math _____ Writing _____

- II. Student's cumulative High School Grade Point Average - (GPA), Excluding spring semester of senior year. _____

- III. Please list Student's classes - for term indicated.

Junior Year	Grade	Senior Year/1st semester	Grade

Applicant Name: _____

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IV. **Financial need** – in the space provided, please indicate your family's adjusted gross income from last year's tax return.

Under \$15,000 _____	\$30,000 - \$35,000 _____
\$15,000 - \$20,000 _____	\$35,000 - \$50,000 _____
\$20,000 - \$25,000 _____	Over \$50,000 _____
\$25,000 - \$30,000 _____	

Number of dependents in parent's family, including yourself: _____

Children _____ Ages _____ # Attending College _____

What portion of financial expenses are parents responsible for? _____

What portion of financial expenses are you responsible for? _____

Are there any other considerations, such as outstanding medical bills, extended payments or monthly expenses which should be noted?

Have you been awarded any other grants/scholarships that you know about, if yes, please list?

If you do not receive any scholarships, how do you plan to pay for your college education?

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V. Extracurricular Activities

Organizations and clubs – show years of involvement and any office held.

Special honors and awards

Community, church or other activities

VI. Work Activities

Are you currently employed: Yes _____ No _____

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

Describe other work activities, family farm, helping at home, family business, etc.

Applicant Name: _____

