

**Haven High School Alumni Association
Scholarship Application**

Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

Total number of dependant's in your family including yourself _____

Ages _____ Adjusted 2017 household income _____

I plan to attend (school/institute): _____ location _____

I plan to study _____ How many years will it take to complete _____

List your reasons for choosing this career path _____

Give a brief history of yourself including honors, activities and extracurricular/community activities while at Haven High School. (Use back if needed)

Do you have expectations of receiving other financial aid for your schooling? If so, what are they?

Source _____ Amount \$ _____

Source _____ Amount \$ _____

Is there any other information that you would like to share with the committee?

**COMPLETE AND RETURN THIS TO THE COUNSELOR'S OFFICE BY THE DUE DATE LISTED ON THE
HAVENSCHOOLS WEBSITE**

Counselor: GPA _____ Rank in Class _____