**APPLICATION FOR THE CLYDE ALUMNI ASSOCIATION SCHOLARSHIP**

**(Must be neatly typed)**

Name of Applicant:

(Last) (First) (Middle Initial)

Parents’ or Guardians’ Names:

Address:

ACT Scores: Eng , Math , Science Reas , Read Comp , Composite Seven Semester GPA

Is your mother a graduate of Clyde High School? yes no Is your father a graduate of Clyde High School? yes no

In what community and/or extra curricular school activities have you participated while in high school? (sports, band, 4-H, FBLA, church related activities, special community projects, etc.)

Which post-secondary institution do you plan to attend? (community college, vo-tech, business school, etc.) What is your proposed field of study?

How much will your family be able to assist you financially in furthering your education? 0-25% , 25-50% , 50-75% , More than 75%

Applicant’s Signature: Date:

NOTE: If selected, the award will be given to the recipient upon notification of enrollment for the second semester and the presentation of a transcript for the fist semester grades showing a minimum C average.

Please return the scholarship application to the Clifton-Clyde High School Counselor on or before April 1