

Clifton Service Organization Scholarship Application

For Counselor's Use:

_____ American Legion
_____ American Legion Auxiliary
_____ Clyde VFW-Give names of grandfather(s)
_____ Lion's Club
_____ Sons of the American Legion

Date of Application _____

For Committee's Use:

Award _____
Total Evaluation Points _____
Rank _____ of _____
_____ High School Transcript

Return to the guidance counselor by **April 1**.

These scholarships are awarded on the basis of academic achievement, leadership qualities, financial need, and special abilities. To assist the communities, please answer all questions completely. Attach a copy of your official seventh semester high school transcript. Each scholarship will be for no less than \$50 and will be awarded upon receiving proof of having paid at least one semester's tuition at the school of your choice. Additional conditions under which a scholarship is granted is stated in the award letter.

Please answer all questions completely, accurately and neatly.

NAME _____

ADDRESS _____

PARENT'S NAMES _____

Where do you plan to live during the school year? Residence Hall _____ Apartment _____

Fraternity or sorority _____ with parents or other relatives _____

List high schools you have attended other than Clifton-Clyde High School:

Class rank _____ of _____ seven semester grade point average _____

ACT standard scores (all 1-36) English _____; Math _____; Reading _____;

Science Reasoning _____; Composite _____.

List your high school and community activities and honors (use additional paper if necessary).

List campus activities in which you plan to be involved, if known.

Name the school you plan to attend _____

Major area(s) of study _____

How much will your parents be able to contribute to your education?

_____ 75% _____ 50% _____ less than 50 %

Are you presently employed? _____ Do you plan to continue working? _____

Please state your reasons for seeking this scholarship and your reasons for wanting to continue your education. Include any information which will show financial need and general worthiness. Please be specific. (Use additional paper if needed.)

In 100 words or less, tell what you would do to improve the community in which you live> (Use additional paper if necessary.)

Name two (2) non-relatives who could be contacted for recommendations if necessary.

1. _____ 2. _____

Address _____ Address _____

Applicant's signature: _____