

Haven High School Veteran's Memorial Scholarship Application

Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

Number of dependents in your family including yourself: _____

Ages: _____ Adjusted 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, extracurricular/community activities and employment experience while at Haven High School. (Use back if needed)

List any family or friends with military connections past or present: _____

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 _____