

LACADENA SCHOLARSHIP

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

Student Name: _____

Address: _____

Contact phone number _____

GPA _____ Class Rank _____ Counselor verification _____

Name of College you plan to attend next year: 1st choice _____

2nd choice _____ 3rd choice _____

I plan to study _____

How many years of post-secondary education are you planning? _____

Name(s) of parent(s) or guardian: _____

Occupation of male parent or guardian: _____

Name of Employer: _____

Occupation of female parent or guardian: _____

Name of Employer: _____

Total number of family members living in the home: _____

Number of dependants in your parent's family including yourself:

Children: _____ Ages: _____

Number of family members attending college next year: _____

In the Space provided, please indicate your family's adjusted gross income from last year's tax return:

_____ under \$15,000	_____ \$45,000 to \$60,000	
_____ \$15,000 to 30,000	_____ \$60,000 to \$75,000	_____ above \$100,000
_____ \$30,000 to \$45,000	_____ \$75,000 to \$100,000	

Other financial considerations which need to be noted

Extracurricular Activities:

School organizations and clubs in which you have actively participated (show years of involvement and any office held):

Honors and awards:

Community or other activities:

Work Experience: Are you now employed? _____ If yes, where, what type of work, and how many hours per week do you work:

I agree that the information provided on this form is correct. I give permission for the school to release information from this application and the student's transcript to the appropriate scholarship committee. I agree to provide updated information to the counselor immediately as changes occur.

If I receive a scholarship and do not attend a post-secondary school full time (12 hours minimum per semester), I agree to return all scholarship money. Also, if I attend a school only for the first semester and not the second semester, I agree to repay half of the awarded scholarship.

Student Signature

Date

Parent Signature

Date