

Type your answers on the application below. Printed applications must be turned in to the Piggott High School counselor during the spring semester. Please check with the counselor for the deadline.

Piggott High School Local Scholarship Application

SCHOLARSHIP APPLYING FOR: _____

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s): _____

Father's/Guardian Occupation: _____

Mother's/Guardian Occupation: _____

Grade Point Average: _____ Rank: _____ ACT Score: _____

College you plan to attend: _____

College Major: _____

Other Scholarships Received: _____

Briefly list school/community activities, club honors, and awards