

## Scholarship:

### I. Student's Personal information

Name:

Social Security#: XXX-XX-

Permanent Address:

City:

State:

Zip:

Phone:

### II Student's GPA:

### III. Academic Honors/Extracurricular Activities

### IV. Student's Education Plans:

a. Where are you planning on attending post-secondary school?

b. Vocation/Major:

### V. Explain your goals in continuing your education:

### VI. Attach the following information:

- a. Scholarship application
- b. Cover letter
- c. Resumé
- d. Two letters of recommendation
- e. Transcript - 7 semesters

Everything that has been stated in the above application is correct to the best of my knowledge.

Applicant Signature:

Date:

Parent/Guardian Signature:

Date:

(Only necessary if applicant is not 18 years of age at the time of application)

By signing this sheet you acknowledge permission to release your transcript, which includes the student's ACT scores, GPA, and class rank in this scholarship application packet, NOTE: Please attach this application to the following and submit to the Academic Advisor by **FEBRUARY 15, 2021**.