

HHS COMMUNITY COLLEGE/TECH SCHOOL GRANT

DUE IN ALUMNI ASSOCIATION OFFICE BY JUNE 15th

170 Blue Pride Drive, Hermann, MO 65041

Check one:

_____ Community College

_____ Tech Training

Applicant's Name _____
(Last, first, middle initial)

Name of Parents or Guardian _____

Address _____

Phone Number: _____

Email address: _____

Community College or Tech school you will be attending

Have you applied? _____ Been accepted? _____

Full-time (12+ hours) _____ OR Part-time (less than 12 hours) _____ student?

Major or field of study _____

Career Goal _____

Year of Graduation from Hermann High School _____

Are you receiving A+ benefits? _____

Are you receiving GI Bill benefits? _____

Release of Information. In submitting application, the applicant or applicant's legal guardian grants authority of release of information using the applicant's name and picture by Gasconade County R-1 Alumni Association to promote or to publicize the scholarship. Complete, sign and return this application to Alumni Association office.

Applicant Signature