

**SUTHERLIN WEST SCHOOL P.T.O.
SCHOLARSHIP APPLICATION**

STUDENT APPLICANTS AND HIGH SCHOOL COUNSELORS:

Scholarship applications must be received in Student Services by 3:00 pm, May 18th.

REQUIREMENTS: Students must have attended Sutherlin West Intermediate School for 3 years and completed grades 4th through 6th. Student must also be graduating senior at Sutherlin High School, with a minimum cumulative GPA of 3.00.

PROCEDURE: Students will be selected on the contents of their application. Two \$500.00 scholarships will be awarded. Check will be made payable to the attending institution. Winners will be announced at the Senior Awards Assembly.

NAME: _____
Last First M.I.

ADDRESS: _____
Street or P.O. Box City State Zip

PHONE NO: _____

MAJOR: _____ HIGHEST DEGREE SOUGHT: _____

Will you be a full-time student during the upcoming academic year? YES NO

ESTIMATED INCOME FROM:

Scholarships: _____

Pell Grants: _____

State Need Grants: _____

Total Estimated Income: _____

Explain what provisions you have made to pay for your college expenses:

Describe extenuating financial circumstances (if any) that should be brought to the attention of the scholarship committee:

Please list honors/awards earned at the high school level, as well as scholastic/civil activities in which you have participated:

Describe your academic and career plan:

*Cumulative high school GPA: _____

***Applicants must attach a copy of their high school grade transcripts to the scholarship application.**

FINANCIAL STATEMENT

ESTIMATED ANNUAL EXPENSES:

Tuition & Fees: _____

Books & Supplies: _____

Room & Board _____

Transportation: _____

Personal: _____

Child Care: _____

Other (please list) _____

TOTAL Yearly Estimated Expenses _____

Describe your experiences at West Intermediate School and how they have shaped the person you are today. Explain lessons you learned, if any, that you carry with you today and how those lessons might impact your future.

“I authorize West Intermediate School P.T.O. to furnish all materials contained in my application to the scholarship committee for consideration. I certify that the information I have provided is true and complete, to the best of my knowledge. I give permission to release for publication my name, the amount, and the source of any scholarship funds I may be awarded.”

Signature

Date

All completed scholarships should be returned to:

**Student Services
Attention: Cathy Libolt
Sutherlin High School**

**** Note: Although letters of recommendation are optional, they are encouraged; the scholarship process is very competitive.**

*****Up to 5 additional attachments will be accepted.**