

Scholarship Applying For: _____

SHAWANO COMMUNITY HIGH SCHOOL

Community Scholarship Application

Shawano High School scholarship committee does not discriminate based on sex, race, national origin, ancestry, creed, sexual orientation, or physical, mental, emotional, or learning disability

INSTRUCTIONS: Complete a separate application for each scholarship. Photocopies are accepted.

Return your applications no later than February 10th, 3:30 pm to Student Services in order to be considered. If you need additional space to answer any of the questions, please use an additional piece of paper and attach it to your application when you turn it in. Be sure to indicate the question you are answering.

GENERAL INFORMATION

Name _____ Birth date _____

Address _____ Phone _____

For Administrative Use Only (Leave blank- Student Service Secretary will fill in)

Class Rank _____ G.P.A. _____ Composite ACT _____

Planned Course of Study (Major) _____

Schools Applied to _____	Accepted: Yes ___ No___ Not Yet _____
_____	Yes ___ No___ Not Yet _____
_____	Yes ___ No___ Not Yet _____
_____	Yes ___ No___ Not Yet _____
_____	Yes ___ No___ Not Yet _____

Please check any that applies to you during your junior and/or senior year:

Athletic/Activities Code Violation _____ Cheating _____ Suspended/Expelled _____

FINANCIAL INFORMATION

(The Financial Information section is **OPTIONAL**, but is required for consideration for certain scholarships.)

Are you a parent or do you have dependents? Please explain:

Please explain any specific financial situations or circumstances that you would like the scholarship committee to be aware of in making their selections:

OTHER INFORMATION

(The Other Information section is **OPTIONAL**, but is required for consideration for certain scholarships.)

Has either of your parents or grandparents been in the Military? Yes ____ No ____

Are they a member of a Veteran's Organization? Yes ____ No ____ Which one? _____

Are you a member of a minority? Yes ____ No ____ If yes, please explain:

Please explain any special handicap that limits access to education or your success:

MUSIC, ART, THEATER AND FORENSICS

Please indicate the number of years in which you have participated in Music, Art, Theater and/or Forensics activities while in grades 9-12. Limit your response to the space provided.

Activity	Number of Years of Participation
Orchestra	_____
Band	_____
Instrument(s) played (please list): _____ _____ _____	
Choir	_____
Theater (Musical Production)	_____
Drama (Play)	_____
Forensics	_____
Art	_____
Other Activities (please specify):	

Individual Achievement: Please list contest awards (regional, solo ensemble or state recognition, etc.) you have won while in Grades 9-12

Describe the value of participating in these activities to you and others:

ATHLETICS

Please indicate the number of years in which you have participated in the following activities (include interscholastic and intramural activities) while in grades 9-12.

ACTIVITY	Number of Years of Participation
Baseball	_____
Basketball	_____
Cheerleading	_____
Cross Country	_____
Football	_____
Golf	_____
Hockey	_____
Soccer	_____
Softball	_____
Swimming	_____
Tennis	_____
Track and Field	_____
Volleyball	_____
Wrestling	_____
Other (please specify):	

Individual Sport Achievement/Special Recognition: Please list individual titles (conference, regional, sectional, state, team captain, etc.) you have won while in grades 9-12:

Describe the value of participating in these athletic activities to you and others:

SCHOOL AND COMMUNITY ACTIVITIES

Please list all school or community activities in which you have participated while in grades 9-12. Indicate the number of years in the appropriate space. In addition, if you have held office in any organization, indicate along with any special honors, awards or recognition received. **Activities included on this page should not be previously listed.**

Activity	Number of Years of Participation	Office Held/Honors/Recognition

Describe the value of participation in these activities to you and others:

WORK EXPERIENCE, OUTSIDE INTERESTS and AWARDS

Please list any of your work experience (paid or unpaid) while in grades 9-12:

Where have you worked	Duties	Length of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hobbies/Outside Interests/Special Talents/Awards or Recognition while in grades 9-12:

_____	_____
_____	_____
_____	_____
_____	_____

What have you learned from your work experience, hobbies, interests, and talents:

Integrity of this Application

Shawano Community High School requires that the student (not parent, friend, family member, or other) fill out this application. If the SCHS student did not fill out this application due to special needs, please explain below. If it is determined that the student did not complete the application by him/herself and failed to report this, the application is null and void.

I honestly and truthfully admit that I am the student listed on this application and that I filled out this Shawano Community Local application: Yes _____ No _____

If the above answer was No, please explain:

The information I have submitted is correct to the best of my knowledge. I grant permission for the release of my school records and the above information to the scholarship committee and the scholarship providers.

Student Signature

Parent Signature

Date